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UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences

Research Dissertation
for

Shanaaz Majiet
MJTSHA001

A Dissertation Towards the Fulfilment of the
Masters Degree in Philosophy: Disability Studies

'DISABLED WOMEN MUST STAND UP':
EXPLORING THE LEADERSHIP EXPERIENCES OF DISABLED WOMEN
IN DISABLED PEOPLE'S ORGANISATIONS IN ZIMBABWE.

Supervisors: Dr Adelene Africa and Assoc. Prof. Theresa Lorenzo

24 May 2013

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Declaration

I, Ms Shanaaz Majiet, hereby declare that the work on which this dissertation/thesis is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

I empower the university to reproduce for the purpose of research either the whole or any portion of the contents in any manner whatsoever.

Signed by candidate

Signature Removed

Signature

Date: 24 May

2013

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Abstract

In Africa, disabled women remain marginalised and struggle to claim their fundamental human rights as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). These experiences suggest that patriarchy continues to restrain the full participation of women's leadership in DPOs in Zimbabwe. The aim of this study was to analyse the experiences of disabled women in leadership positions in DPOs in Zimbabwe.

The literature review focused on the crosscutting issues of (1) leadership, gender and disability. (2) women and disability in Zimbabwe. and (3) the current structure of DPOs in African countries in relation to gender. The review connected the ways in which gender and disability may affect the leadership development of a disabled woman. The implications that may exist for the leadership of disabled women active in the disability movement were also considered. The search strategies I employed were mainly from university library databases, the Internet and from my own reference material.

As this study sought to understand how these women's realities were constructed, the interpretive paradigm of qualitative research was used. The selection process used a representative sample across twelve DPOs based in Harare and Bulawayo. The study interviewed eight women disabled leaders in these DPOs. Data was generated through in-depth interviews. Data analysis used the thematic analysis framework.

The findings were informed by three main themes.

Theme one, pathways of leadership development consists of three sub themes, self-esteem and self- efficacy; looking at the internal and external influences of leadership development; negative expectations from the family and lack of support.

Theme two, challenges in exercising leadership deals with the sub themes of the impact of culture and gender discrimination; and the lack of support for disabled

women in leadership.

Theme three deals with how the respondents made meaning of the pathways to leadership development, with three sub themes: the role of resilience in shaping their leadership experiences; using a sense of agency to define their leadership and empowerment through education.

The discussion of the challenges and experiences revealed the complexity of disability and culture, which created dynamic intersections between patriarchy and gendered power relations experienced by the participants. The study concludes with three suggestions for further research: (1) institutional reform in the disability movement in Africa from a human rights paradigm; (2) transforming the mainstream women's movement to become more inclusive; and (3) shifting from the social model to a human rights model of disability.

Abbreviations

CBR	Community Based Rehabilitation
CEDAW	Convention on Ending all forms of Discrimination Against Women
CPRW	United Nations Convention on the Political Rights of Women
DIWA	Disabled Women in Africa
DPI	Disabled People International
DPOs	Disabled People's Organisations
MDGs	Millenium Development Goals
RBA	Rights-based Approach
SAFOD	Southern African Federation of Disabled Persons
UNCRPD	United Nations Convention of the Rights of Persons with Disabilities
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPIAS	Union of the Physically Impaired Against Segregation
WHO	World Health Organisation

Definition of Terms

Cross Disability

Cross disability refers to the inclusion of different types of impairments within the scope of this research study, which takes into account women who have hearing, visual, physical, intellectual and/or psychosocial impairments. These impairments shape each woman's experiences uniquely.

Gender

Gender refers to the socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women. The distinct roles and behaviour may give rise to gender inequalities, such as differences between men and women that systematically favour one group. In turn, such inequalities can lead to inequities between men and women in social status and access to services, resources and unequal power relations.

Empowerment

Empowerment is a multi-dimensional social and political process which fosters peoples' power to act in issues they define as important by gaining control over their own lives, in their community and in society.

Leadership Identity

Identity is an umbrella term used throughout the social sciences to describe a person's conception and expression of their individuality or group affiliations (such as national identity and cultural identity). The term is also used with respect to place identity. Women and women with disabilities each hold multiple identities.

Rights-based Approach

The rights-based approach (RBA) has become one of the most critical and often used frameworks for assessing and addressing human rights issues around the world. This approach means describing situations not in terms of human needs, or areas of development, but in terms of the obligation to respond to the rights of individuals. It also empowers people to demand justice as a right, and not as charity.

Social Model of Disability

Disability is a social construct. The social model of disability proposes that systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) are the ultimate factors defining who is disabled and who is not in a particular society. The social model of disability makes an important distinction between the terms impairment and disability. Impairment means the lack of part, or all, of a limb or having a defective limb, organ or mechanism of the body (including psychological mechanisms). Disability means the restrictions caused by the organisation of society, which does not take into account individuals with physical or psychological impairments.

CHAPTER 1 RESEARCH PROBLEM AND RESEARCH DESIGN

1.1 Introduction

Disabled people experience profound discrimination and social disadvantage, and this is magnified in the lives of disabled women. Disabled people have been systematically disadvantaged by society's main institutions like the family, the education system, socially and in the workplace. Too often, disabled people in general and disabled women in particular, because of their impairments, are viewed as incapable of leading full and successful lives, much less leading others and leading organisations. The business of 'leading' has traditionally been a male preserve. Our modern society's response to this reality has been slow and largely ineffective.

Society needs leadership at all levels including governmental and non-governmental sectors, to facilitate both shared economic growth to combat poverty and social cohesion (World Health Organisation, 2011). Clearly, it is important that the leadership of disabled men and women managing DPOs adhere to the principles on which these organisations are based, namely those of the social model of disability, human rights, empowerment and leadership. These concepts are further discussed in this chapter in relation to the research question. This study is focused on the leadership experiences of disabled women in DPOs in Zimbabwe.

1.2 Disability Statistics

More than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning (WHO: 2011). The ageing populations and the higher risk of disability in older people, as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, HIV/Aids, cancer and mental health disorders means that prevalence of impairments could rise.

Across the world, disabled people have poorer health outcomes, lower education

achievements, less economic participation and higher rates of poverty, than people without disabilities. This is partly because disabled people experience barriers in accessing services that many have long taken for granted, including health, education, employment, transport and information. These difficulties are exacerbated in less advantaged communities (WHO: 2011).

To achieve the long-lasting, vastly better development prospects that lie at the heart of the 2015 Millennium Development Goals and beyond, we must empower disabled people and remove the barriers which prevent them from participating in their communities; getting a quality education, finding decent work, and having their voices heard (WHO: 2011).

In Africa, an estimated 60-80 million people are living with disabilities today (WHO: 2011). Disabled people are estimated at 10 percent of the general population, but possibly as high as 20 percent of the poor (WHO: 2011). School enrolment for the disabled is estimated at no more than 5 to 10 percent. For many, begging becomes a sole means of survival. Every day in Africa, many people are disabled by malnutrition and disease, environmental hazards, natural disasters, traffic and industrial accidents, civil conflict and war.

According to Disabled World (2013), it was estimated that 350 to 500 people worldwide become amputees each day due to landmines that they encounter while walking, farming, or playing. The number of people with disabilities in Africa is increasing, and the factors that contribute to the growing number in Africa include violence; HIV/AIDS; birth defects; malnutrition; population growth; ageing population; environmental degradation and; injuries at home, work and on the roads.

1.3 The rise of the disability movement

Globally, disabled people have not always received support from government leaders but rather from DPOs like Handicap International (HI), Leonard Cheshire Disability (LCD), and Christian Blind Mission (CBM). DPOs all over the world such as the Disabled People International (DPI), the Southern African Federation of Persons with

Disabilities (SAFOD), Disabled People South Africa (DPSA), and one of the local examples, the National Council of Disabled Persons of Zimbabwe (NCDPW) are led by disabled people and have transformed the disability discourse through the emergence of the social model of disability. In this vein, they have campaigned for access to basic necessities for disabled people including education, employment and social integration.

In their discussion paper on the role of disabled peoples organisations (Enns, 2007), DPI argued that disabled people's organisations play many roles at the local, national and international levels for disabled people, governments, service providers and the general public. In many cases, the organisations of disabled people are the best vehicle to carry out aspirations of disabled people. DPI contends that 'after all, disabled people, from their own personal experiences best know their needs, aspirations and abilities'. One of the main themes of the Second Africa Decade (2010-2019), was the importance of organisations of disabled people. It called upon governments to encourage their development and to utilise their expertise.

Southern Africa has some of the strongest DPOs on the continent, particularly in South Africa, and now to a lesser extent in Zimbabwe, as a direct result of the recent political climate with reference to the struggle for democracy and political power. The DPOs adhere strictly to the principles of the social model of disability (Lang and Charowa, 2007). They can be partially attributed to the fact that the struggle to secure disability rights has been closely aligned to analogous struggles for liberation. Furthermore, the Southern African Federation of the Disabled (SAFOD), founded in 1986, has its headquarters in Bulawayo, Zimbabwe. It provides strategic leadership for the advancement of disability rights in 10 countries: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

During the past 40 years, the disability movement has emerged in both developed and developing countries in response to the recognition of the human rights of disabled men, women and children. The disability movement provided a platform internationally for disabled people to have organisational capacity to lead themselves and to advocate for change. In addition to the basic recognition of disabled people's rights such as the right to employment, equal education, and freedom from

harassment or abuse, the international disability movement also resulted in the formation of a number of DPOs who now constitute a critical and essential component of civil society. They advocate for the advancement and enforcement of rights of disabled people thus centrally framing disability as a human rights issue. DPOs have been managed by disabled people, mostly males (De Silva, (2008).

The role of DPOs is essentially to provide an organised voice for disabled people. DPOs are also a vehicle for self-development and empowerment at a collective and individual level. DPOs play a pivotal role in the development process and the major success of the social model of disability served primarily as a political device to revolutionise disabled people, rather than a theoretical model (Thomas, 1999a in Watermeyer, 2009, p 13). The social model has addressed the rights of disabled people, thereby fostering equal opportunities to participate at all levels of life. Equal opportunities are defined as the process whereby all systems of society, namely activities, services, information and documentation, are made available to all (World Programme of Action, 1983).

The impact of the DPOs' active participation was evident in the negotiation of the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) (UN, 2006). The role of the DPO has been key in the implementation and monitoring of the UNCRPD. '*Nothing about us without us*' served as a reminder that the definition of policies was no longer possible without the active involvement of persons with disabilities and their organisations. This position set an important precedent for civil society participation in the negotiation of a human rights treaty. Furthermore, the stance of the movement emphasised that disability policy and practice should not be developed and implemented without the involvement of disabled people and their democratically elected organisations. The focus of DPOs now needs to shift towards building their capacity for monitoring the effective implementation of the UNCRPD by their respective governments.

The role of DPOs in implementation at national level has been important. DPOs have participated in the revision of specific and mainstream legislation and policies to be adapted to the UNCRPD. DPOs have also participated in government coordination mechanisms, which usually need to be revised and have influenced international

cooperation to ensure inclusivity of disability. DPOs have also played a prominent role in awareness raising and training of professionals; monitoring at national and at international level, in particular through the preparation of parallel reports. In this way, DPOs have acquired capacity to influence the work of the United Nations Treaty Bodies, (not just the CRPD Committee, but also The United Nations Convention on Ending All Forms of Discrimination Against Women (CEDAW), United Nations Convention on the Political Rights of Women (CPRW), Human Rights Committee, CAT and CRC); participating in the Universal Periodic Review process (disability on the human rights agenda) and work with national human rights institutions, building alliances with other human rights organisations (Majiet, 2011). During the past decade, DPOs have become increasingly instrumental in working with national governments, as well as with the bilateral and multilateral institutions, in developing policies and operational modalities for the effective social inclusion of disabled people in the societies in which they live.

These achievements demonstrate the strategic importance of having effective DPOs to influence development outcomes. It is necessary that DPOs are led by capable leaders to ensure the rights of disabled women and to be central to the development agenda. This study attempts to demonstrate that the rights of disabled women cannot be left to the patriarchal system of leadership in African DPOs. Disabled women leaders have a role to play in ensuring that gender equality is on the local and national agenda.

1.4 Context of study

Zimbabwe has striven to achieve gender equality since its political independence in 1980. Over the years, in its continued commitment to the removal of all forms of sex discrimination in the society, the government has alluded to several national and international gender declarations and conventions. Among these are the 1965 Convention on the Elimination of all Forms of Discrimination (CERD); and the 1979 UN CEDAW and the National Gender Policy (2004:1). In the process many policies have been put in place to advance gender equality. The Gender Affirmative Action

policy of 1993, the 1999 Nziramasanga Commission, and the National Gender Policy of 2004 are illustrative of this (Chabaya, Rembe & Wadesango, 2009).

According to research from the Organisation for Economic Cooperation and Development (OECD) Development Centre Policy Insights (OECD, 2011) the success of reforms depends on the willingness of governments to challenge traditions and privileges which have been in existence for centuries. This calls for a global, coherent and sequenced approach. Improvement in the situation of women will not occur if the focus rests only on improving women's access to education, healthcare and factors of production (land, credit, technology and information).

According to a report released by the National Statistics Agency, Zimbabwe's population steadily increased to 13-million, up by 1.1% from the last count a decade ago (ZimStats, 2012). Females make the largest group of the population, at 6,738,77 persons. After the 2002 census, President Robert Mugabe blamed the scourge of HIV and AIDS-related deaths for the declining growth in the population. Though about 13% of the population was HIV positive in 2012, a study in 2012 found Zimbabwe had emerged as something of an AIDS success, with new HIV infections down 50% between 1997 and 2007.

Zimbabwe has also seen an exodus of people fleeing political and economic turmoil over the last decade, with some estimates suggesting three million people had left the country (Zimdiaspora, 2012). Of the population as a whole, it was estimated that about 10% of the population in Zimbabwe was disabled. (WHO, 2011).

Many disabled people did not have equal access to health care, education, and employment opportunities, did not receive the disability-related services that they required, and experienced exclusion from everyday life activities (WHO, 2011). Following the enforcement of the UNCRPD, disability has increasingly been understood as a human rights issue. Disability has also been an important development issue with an increasing body of evidence showing that persons with disabilities have experienced worse socio-economic outcomes and poverty than persons without disabilities.

According to the World Disability Report (WHO, 2011), there were about 1,3 million people who had disabilities in Zimbabwe in that year, which was about 10% of the total population. In common with the fate of disabled people the world over, disabled people in Zimbabwe have suffered from widespread violation of their fundamental freedoms and rights. They have faced exclusion from education, employment, cultural activities, festivals, sports and social events, and have been especially vulnerable to poverty, physical and sexual violence, lack of access to health care, and emotional abuse and neglect. The report further stated that only 33% of children with disabilities in Zimbabwe have access to education, compared with over 90% for the able-bodied populace.

Disabled people in Zimbabwe constituted one of the poorest, most socially excluded and marginalized groups within the country. They have been (and no doubt are still) particularly at risk and vulnerable, and often subjected to sexual violence, harassment and rape. (Lang and Charowa, 2007). Disabled women have also been under-represented in the current Zimbabwean constitution-making process and their voices were not adequately represented by the mainstream women's movement either (Scheffler, 2010).

The stigma and discrimination attached to disability stems from the way society views disability. Disabled people are still being viewed from a medical and welfare framework, identifying disabled people as ill, different from their non-disabled peers, and in need of care. As a result of the emphasis on the medical need, there is neglect of the wider political, social and economic needs of disabled people and their families. Therefore, disabled people face discrimination in accessing information, employment, health and education. Recognition of disability rights in these areas would lead to improved inclusion in society as well as equal and stronger participation in all facets of life by disabled people (INDS, 1997).

Zimbabwe has also attempted to address the myriad of problems faced by disabled people by putting in place non-discriminatory legislation in the form of the Disabled Persons Act (1992). Despite these initiatives, however, the struggle for the promotion and protection of the rights of disabled people in Zimbabwe seems still far from over. This struggle has occurred as a result of the absence of a vibrant disability

movement, which has in turn led to the formation of many splinter groups among disabled people, lack of mechanisms for implementing and enforcing disability policies, lack of dedicated funding, and negative beliefs about disability. These problems have led to a diminished contribution by disabled people to the political, economic and social life of the country, a situation which disabled activists have aimed to reverse (Marongwe and Rekopantswe, 2007).

In order to discover the ways that a selected group of women developed as leaders, this study examined the experiences of eight Zimbabwean disabled women from the areas of Harare and Bulawayo in Zimbabwe.

1.5 The social model of disability as a conceptual framework

I believe that the struggle for the promotion and protection of the rights of disabled people entails changing people's attitudes so that they move away from the welfare and medical model of thought which views disability as a personal tragedy. This view limits the capacity of a disabled person to participate in the mainstream of society, and it is the responsibility of disabled people themselves to try to fit in with the rest of society. It is therefore necessary to understand that societies are organised to meet the needs of the non-disabled majority rather than the minority of disabled people. It is necessary for every member of society to take proactive measures to ensure the inclusion of this marginalised sector of the population in educational and other systems. (RSA Government Policy, 1997).

As noted earlier, a current ideological foundation of the international disability movement in the main has been the social model of disability (Marongwe and Rekopantswe, 2007). This view maintains that disability arises from the attitudinal, physical and institutional barriers that systematically exclude disabled people from fully participating in society. Therefore, rather than focusing on the physical and/or psychological limitations of individuals, the emphasis of the analysis focuses upon empowerment, social inclusion, choice and human rights. They stated that the tenets of the social model of disability have become the ideological hegemony of disability

policy and practice in the 21st century and remains so for most of the developing countries in the east and the south.

The social model of disability has been called 'the big idea' of the British disability movement (Hasler, 1993). He stated that, developed in the 1970s by activists in the Union of the Physically Impaired Against Segregation (UPIAS), it was given academic credibility via the work of Vic Finkelstein (1980; 1981), Colin Barnes (1991) and particularly Mike Oliver (1990, 1996). The social model has become the ideological litmus test of disability politics in Britain, used by the disabled people's movement to distinguish between organisations, policies, laws and ideas which are progressive, and those which are inadequate. However, disability theorists such as Tom Shakespeare, have argued that in the British context, the social model of disability has become an 'out dated ideology' (Shakespeare and Watson, 2002).

The Convention followed decades of work by the United Nations to change attitudes and approaches to persons with disabilities. It took to a new height the movement from viewing persons with disabilities as 'objects' of charity, medical treatment and social protection towards viewing persons with disabilities as 'subjects' with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society. The Convention was intended as a human rights instrument with an explicit, social development dimension. It adopted a broad categorization of persons with disabilities and reaffirmed that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarified and qualified how all categories of rights apply to persons with disabilities and identified areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced (UNCRPD, 2006).

In the recent period, one noticed a shift in the arguments by European academics like Shakespeare and also Watson (2002) that the social model of disability was out dated. The social model created new limitations as a framework for disability theory

and needed to be replaced by a more diversity-oriented perspective. In my own observation however, the social model of disability still holds relevance in developing countries like Zimbabwe and Africa at large due to the particular character of the widespread poverty and underdevelopment that continues to discriminate against disabled people. I argue that until poverty has been eradicated and the living conditions of disabled people have been improved significantly, the social model of disability will remain relevant as a political device to mainstream disability in the development and human rights agenda. Furthermore, I would argue that until professionals and service providers in all fields shift their focus from impairment only to looking at environmental and socio-economic and political dimensions of disability, the social model has relevance in developing contexts. We are on the right road in terms of policy development but implementation still needs to follow. I do however also believe that the social model of disability now needs to shift and be integrated within a human rights and equal opportunities approach. The value of this shift lies in the strong legislative framework that is an essential part of the human rights model of disability. This shift would ensure that member states that ratified the UNCRPD proceed with codifying progressive disability equity legislation as a central element in their country CRPD implementation plans.

1.6 Empowerment as a conceptual framework

The WHO empowerment component in the Community Based Rehabilitation (CBR) Guidelines (WHO, 2010) (see Figure 2) reinforced the strategic role of DPOs in facilitating the empowerment of disabled people in general, and disabled women in particular. The kinds of interventions and training opportunities resulting in empowerment often occur through exposure to new growth opportunities and election into leadership positions.

The word 'empowerment' has different meanings in different contexts and is not easily translated into all languages. Simple descriptions of empowerment have included: having a say and being listened to; self-power; own decision-making; having control or gaining further control; being free; independence; being capable of

fighting for one's rights, and being recognised and respected as equal citizens and human beings with a contribution to make (WHO, 2010).

Many disabled people have experienced disempowerment both in the family and the community. They have often been strongly supported by their families. They may have, however, also been over-protected when family members do most things for them, and they may also be rejected and excluded from community life because of stigma and discrimination. This means that disabled people may have very limited opportunities and choices; they become victims and objects of pity, and not agents able to make a difference. The negative attitudes and low expectations lead disabled people to feel disempowered. It also makes them to feel unable to do anything or to change their own lives, to feel worthless and incapable, and to have low self-image and low self-esteem. It is this experience of disempowerment that starts the search for empowerment.

1.7 A human rights approach as a conceptual framework

2008 will be remembered as one of the most important dates in the history of the human rights and disability movements. Representing years of campaigning and dedication by people around the world, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) came into force on 3 May. This included the development of international, regional and local level instruments.

1.7.1 International Instruments for human rights

Article 1 of the Universal Declaration of Human Rights stated that all human beings are born free and equal in dignity and rights. These rights apply to all people equally. Disability rights cannot be guaranteed in a context that does not affirm the equality of all women, and this underpins the rationale for the study. In Africa, disabled women have remained marginalised and struggle to claim their fundamental human rights as enshrined in the UNCRPD and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (De Silva, 2008).

Article 6 of the UNCRPD calls on State Parties to recognise that women and girls with disabilities are subjected to multiple discriminations. In this regard, states shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms. States Parties shall also take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present UNCRPD.

The link between poverty, gender, and disability, however, can best be expressed by examining how the Millennium Development Goals (MDGs) should be reached, as they exist at the centre of the development agenda. The achievement of the MDGs is significantly affected by the status of disabled women given that they are among the world's most marginalised groups. The MDGs cannot be achieved if persons with disabilities are not made part of the efforts to meet the goals. Apart from representing a key target group under the MDGs, girls and disabled women are critical targets under each goal. Examples of this are that maternal health facilities around the world lack staff with knowledge of providing care to pregnant disabled women and in 2010, the United Nations Educational, Scientific and Cultural Organisation (UNESCO) estimated that 98 percent of children with disabilities in developing countries did not attend school. While girls with disabilities receive less care and nutrition, women are more likely to be caregivers for children and other family members with disabilities, which further increase their vulnerability to poverty.

The CEDAW General Recommendation 18- Rights of Disabled women (1991) expressed concern about the situation of disabled women, who suffer from a double discrimination linked to their special living conditions. The Nairobi Forward-Looking Strategies for the Advancement of Women, considered disabled women to be a vulnerable group under the heading 'Areas of Special Concern'. It further recommended that State Parties provide information on disabled women in their periodic reports, and on measures taken to deal with their particular situation, including special measures to ensure that they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.

Participation and inclusion have been important aspects of policy. Particular attention must be paid to the empowerment of vulnerable groups so that they can claim their own rights. Disabled women often face a dual form of discrimination on the grounds of gender and disability both in the family and in public places. Laws, practices, programmes and policies rarely take into account this two-fold source of discrimination that disabled women are often subjected to. There is still an inadequate level of awareness of the multiple forms of discrimination against disabled women as they are often masked behind each of the constituent parts rather than the whole.

In the process of United Nations general reform that was launched in 1997, the Secretary-General called on all entities of the United Nations system to mainstream human rights into their various activities and programmes within the framework of their respective mandates. In 2003, the United Nations endorsed a Common Understanding of a Human Rights-Based Approach to Development Cooperation (De Silva, 2008). This agreement laid out the requirements that underlie the application of a human rights-based approach to development programming. The agreement required that all programmes should further the realisation of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.

The relevance of these international instruments serves as a key indicator to monitor country commitment to the actual implementation in order to positively impact the lives of disabled women. In Zimbabwe disabled women have not yet witnessed the impact of the combined implementation of CEWDA and CRPD. Zimbabwe ratified CEDAW in 1991 and has not ratified the CRPD since its inception in 2006. The international, continental and national disability movements have been struggling to persuade the government to ratify the Convention and it has appeared as if the domestic socio-political challenges in the country might have contributed to possible resistance due to strained international relations with the United Nations and other western powers.

1.7.2 Regional instruments for human rights

Article 9 of the Southern African Development Community (SADC) Protocol on Gender and Development (2002) refers to persons with disabilities from an out-dated perspective of disability, and recommends 'protection' and 'welfare.' This is not in keeping with the social model of disability and the CRPD, with which it needs to be aligned.

1.7.3 Local level instruments for human rights

It is a matter of concern that neither the SADC Protocol on Gender and Development nor the Zimbabwe Women's Charter (Zimbabwe Women's Lawyers Association 1997) provide sufficient content to support an understanding of the experiences and demands of disabled women. The Women's Charter is a document that contains Zimbabwean Women's constitutional, legislative and policy demands. The Women's Charter was drawn up through a process of consultation with a significant number of women through national and regional meetings throughout the country, which were facilitated by the Women's Coalition.

The aim of the Women's Charter is to raise awareness on the human rights issues that are fundamental to women; to lobby all the relevant structures in the country, like government and parliament, to take action on the issues contained in the charter with the aim of improving women's lives and guaranteeing gender equality; and to facilitate the mainstreaming of gender equality and equity in all sectors of Zimbabwean life.

A major shortcoming of the process that led to the writing of the Charter was the limited participation of a broad range of disabled women. As a result the Charter does not adequately represent the needs of disabled women, nor does it include a sufficiently nuanced understanding of the complex requirements of women with multiple impairments.

1.8 Relational leadership as a conceptual framework

The conceptual framework used in this study is the Relational Leadership model. In the current paradigm it is generally accepted that leadership is a socially constructed paradigm that is exhibited through relationships and context. These two concepts are intertwined as the context is shaped through the relationships we value. The Relational Leadership model places relationships as the focal point of the leadership process (Komives, Lucas, & McMahon, 2007). In this framework 'leadership is purposeful and builds commitment toward positive purposes that are inclusive of people and diverse points of view, empowers those involved, is ethical, and recognises that all four of these elements are accomplished by being process-oriented' (Komives, Lucas, & McMahon, 2007 p. 74). Their model comprises these five primary components; purpose, inclusive, empowering, ethical and process-oriented (see Figure 1). Each element is briefly explained.

Within the context of this model, leadership has *purpose* when there is a commitment to collaborating towards a common goal that creates positive change and investment in the vision of the organisation. Creating this investment requires involving members in the process of vision building (Nanus, 1992). Leadership that is *inclusive* actively engages a wide perspective of views, approaches, styles and aspects of individuality. This type of leadership requires an understanding of how different groups or individuals may have different perspectives, enhancing the likelihood that differences are respected, and valuing equity and involvement. Komives et al (2007) and Helgeson (1990) described this concept as developing the talents of all members and creating webs of connections so that the group's goals can be attained.

Empowering, in the context of relational leadership, refers to activities that promote the self-actualization of members. Understanding power dynamics is an important element to empowered organisations. In empowered organisations positional leaders do not view power as a means of controlling others, but rather are willing to share power and authority and expect members to assume responsibility for group outcomes. Relational leadership focuses on a collaborative approach to power, power, with or power alongside members (Kouzes & Posner, 2002). How people use power and react to the power of others must be examined in relational leadership.

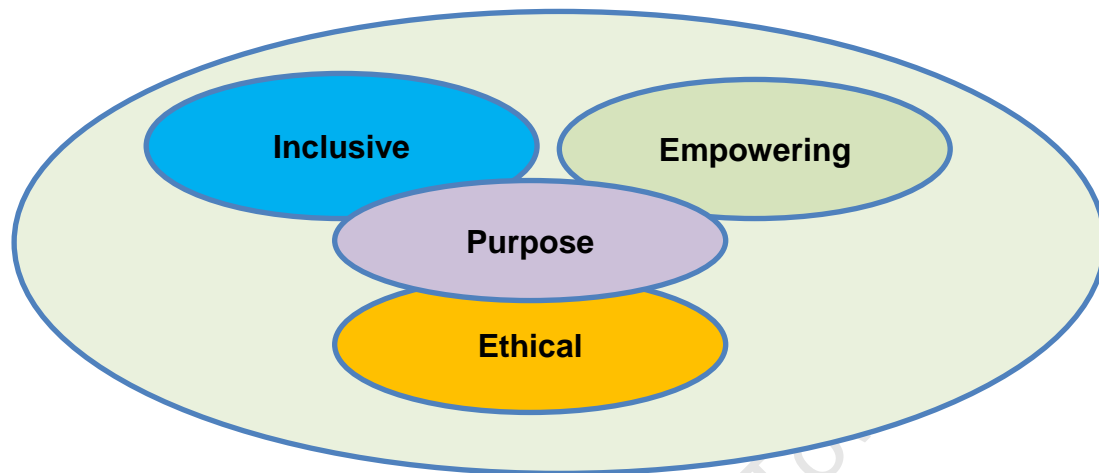


Figure 1 Relational Leadership Model (Komives, Lucas & McMahon (2007).

Ethical leadership is emphasized in the Relational Leadership model. This philosophy of leadership is values driven; leaders and members share a commitment to a common purpose and base their actions on the shared values of members and the organisation, and a desire to cause real change. The foundation of ethical and moral leadership includes a commitment to high standards of honesty, trustworthiness, authenticity and organisational values.

The final component of the Relational Leadership model is *process*, which refers to the dynamics of how a group works together, how the group becomes a group, remains a group and accomplishes the group's purposes. The key components of process in this context are collaboration, reflection, feedback, civil confrontation, community building, and meaning making (Komives, Lucas, & McMahon, 2007). The process of Relational Leadership elicits synergy through individuals' interaction with each other to accomplish change.

The Relational Leadership model describes what leadership looks like but does not address how one comes to view oneself as a leader and the process that an individual encounters when developing as a leader. The focus of this study is

intending to illuminate the leadership experiences of disabled women in DPOs in Zimbabwe.

1.9 The Problem statement

The disability movement in Zimbabwe has a long history over the past 30 years of activism lead by prominent men. These men are also referred to as the founding 'fathers' of the disability movement in Zimbabwe. One of these founding fathers have since graduated into the ruling party government and the other founding father have sadly now passed away. These men led the Southern African Federation of Disabled Persons (SAFOD) into a well-established regional forum. The role of disabled women in this journey of establishing the disability movement in Zimbabwe remains unreported.

The emergence of disabled women in the movement has been slow and laden with cultural challenges and discrimination. Despite several efforts to have the principle of gender equality in DPO policies and constitutions, disabled women still find it difficult to access top leadership positions. The top leadership positions across all the DPOs in Zimbabwe, with the exception of one (a disability DPO for women-only) are held by males.

1.9.1 The International Context of the Problem

Disabled women have been historically neglected by those concerned with disability, including the disability rights movement as well as the feminist movement (Traustadottir, 1997). It is only within the last two decades that serious attempts have been made to identify and understand the forces shaping the lives of disabled women. These attempts have mainly focused on understanding how being female and having a disability interacts and how disabled women view their experiences. This research study has broken from this pattern, in that it sought to bring a missing voice of African disabled women to the fore and to grow the contributions by an African woman with a disability as researcher.

The past two decades of writing has provided us with rich personal accounts as well as research-based information about the social situation of disabled women and a long awaited theoretical framework to understand and interpret their lives and experiences. This new and emerging scholarship is somewhat limited and much remains to be learned about disabled women. At the same time this scholarship provides the basis and the promise for future advances. Disabled women are one of the most vulnerable and marginalized groups in today's society. We need to develop a better understanding of their lives in order to remove the obstacles to equality that still remain in their way.

Despite the emergence of the feminist movement and several self-reports of disabled women (De Silva, 2008), there has been limited interaction between the feminist movement and the disability movement. The mainstream women's movement globally and in Zimbabwe have traditionally excluded disabled women both in the way women's issues were framed and by marginalising disabled women from the mainstream agenda (Majiet, 2011). Disabled women had to first wage a battle to be recognised as women first, and then to put the concerns of disabled women on the agenda. De Silva (2008) talked about the exclusion of women from development processes which compounds the oppression of disabled women, often unconsciously, by the mainstream women's movement. Furthermore, a paucity of research conducted of the experiences of disabled women leaders who work in DPOs added to the invisibility of disabled women in the mainstream women's movement and society at large.

The disability rights movement has also ignored issues of importance to disabled women and many feminists with disabilities have complained about its male domination and male orientation (Blackwell-Stratton, et al., 1988; Toews 1985). Deegan and Brooks (1985) have criticized the disability movement for directing most of its attention to male concerns while women's issues, such as leadership development, have received little attention. They pointed out that like many other social change movements, the disability movement has often directed its energies toward primary male experiences.

Disabled people face many obstacles in their struggle for equality. Both men and women who are physically or mentally challenged are subject to discrimination, but disabled women are further disadvantaged, not only because they are disabled, but because they are 'disabled women' (De Silva, 2008). Based on the work by Traustadottir (1997), research assumed that gender and social dimensions such as race, class, culture and religion were irrelevant. Similarly, disability studies traditionally followed a gender-blind approach, and therefore neglected to explore the influence of gender, culture and religion on the lives of men and disabled women.

Traustadottir (1997) noted that the major unifying factor of disabled women is the conceptualisation that they are a group with multiple-minority status. According to Human Rights Watch (2009), women are more likely than men to become disadvantaged during their lives, due in part to gender bias in the allocation of scarce resources and in access to service. Women were less likely than men to make use of existing social services, including residential services due to social, cultural and religious factors. Disabled women and girls faced the same spectrum of human rights abuses that able-bodied women face. However, these abuses were magnified due to the social isolation and dependence of the women concerned (Grobbelaar du Plessis, 2007). In some countries laws overtly discriminated against the disabled, and even where the laws are not discriminatory, disabled women and girls faced a host of abuses at the hands of their caregivers, communities and the state.

The discrimination these women have faced is deeply embedded in the cultural, religious and gender biased societies they live in. Persistence of certain cultural, religious and gender-based barriers makes women and girls with disabilities the victims of multi-discrimination. These women often lack the opportunities of the mainstream population, making them the most marginalised group in society.

Zimbabwe ratified CEDAW in 1991. The CEDAW Protocol has not been ratified. The Maputo Protocol as well as the SADC Protocol were ratified in 2008. Zimbabwe has not ratified the CRPD, seven years after it came into effect. Within the context of this study, this demonstrates a consistent pattern of the Zimbabwean government to ignore crucial UN Conventions. This in turn does not inspire confidence amongst

the disabled women in this study that their government is serious about their empowerment.

1.9.2 The Continental Context of the Problem

Men dominated the national boards of the DPOs both in Ghana and Uganda, with the exception of three DPOs in Uganda, that is Uganda Parents of Children with Learning Disabilities, which had 63.6% female board members; the National Association of the Deaf and Blind in Uganda, which had gender parity on its governing body, and the National Union of Women with Disability of Uganda, which had 100% female leadership. (International Labour Organisation, 2009). For DPOs in both Uganda and Ghana, there was more or less equal representation of men and women in the national secretariats, and the general perception was that both sexes participate in decision-making. However, disabled women were predominantly present in middle management and support staff. At the secretariats of all the DPO, staff meetings were held regularly, but active participation by sex could not be established at all levels of the organisation.

1.9.3 The Regional Context of the Problem

During the course of my consulting work across eleven DPOs in Zimbabwe between 2009-2012 (Majiet, 2011), I observed that 10 of these 11 DPOs had established semi- to non-functional women's structures as part of the DPO organisational design. The eight women leaders interviewed in this research study came from among these DPOs. All these DPOs were led by men, with the exception of one DPO. The difference in this one was that it was a disabled women's- only DPO, established to advocate for the rights of disabled women and to focus exclusively on disabled women's issues. The trend globally was the same in DPOs where women were under- represented in leadership (De Silva, 2008).

Article 9 of the Southern African Development Community (SADC) Protocol on Gender and Development (2002, July) referred to persons with disabilities from an out-dated perspective of disability which recommends 'protection' and 'welfare.' This terminology is not in keeping with the social model of disability and the CRPD, with which it needs to be aligned. It is a matter of concern that neither the Southern

African Development Community (SADC) Protocol on Gender and Development (2003) nor the Zimbabwe Women's Charter provided sufficient content to support an understanding of the experiences and demands of disabled women. The Women's Charter is a document that contains Zimbabwean Women's constitutional, legislative and policy demands.

The Women's Charter was drawn up through a process of consultation with a significant number of women through national and regional meetings throughout the country, which were facilitated by the Women's Coalition. The aim of the Women's Charter was to raise awareness on the human rights issues that are fundamental to women; to lobby all the relevant structures in the country, like government and parliament, to take action on the issues contained in the charter with the aim of improving women's lives and guaranteeing gender equality; and to facilitate the mainstreaming of gender equality and equity in all sectors of Zimbabwean life (Zimbabwe Lawyers Association, 2007).

All DPOs in the SADC region are expected to have organisational policies that allow for a 50/50 gender representation in all leadership structures (reference). This resolution has been passed some five years ago and most DPOs are still to amend their constitutions to effect this policy change. The delay is noteworthy and suggests possible resistance to change.

1.9.4 The Local Context of the Problem

Disabled people, especially disabled women, are largely absent from development processes and there is an urgent need for the integration of disabled women into the development process. The nexus between poverty and disability has often been explored but much more has to be done to address it. While disability may result in poverty and disenfranchisement from the economic and social life of communities, poverty on the other hand may cause disability through malnutrition, poor health care and unsanitary living conditions. This cycle of disability and poverty results in increased rates of illiteracy, malnutrition, underemployment and unemployment. Women in general and disabled women in particular, especially in developing countries are particularly exposed and vulnerable to these factors that have a

compounded impact on their life chances. The resultant effect often keeps disabled women absent from being agents of their own development and unrealised leadership potential.

Breaking the cycle of poverty and disability and poverty is a critical step, and should be premised on stretching the boundaries of economic potential for persons with disabilities. Even when persons with disabilities rely on social protection policies their potential to contribute to economic growth must be mainstreamed into disability policies. In order to break this pattern of exclusion, inclusive programmes and policies at all levels and affirmative action policies must be implemented to address the legacy of discrimination in a comprehensive manner, that take gender differences into account.

A major shortcoming of the process that led to the writing of the Women's Charter (Zimbabwe Women's Lawyers Association, 1997) was the limited participation of a broad range of disabled women. As a result, the Charter does not adequately represent the needs of disabled women, nor does it include a sufficiently nuanced understanding of the complex requirements of women with cross disabilities.

In order to secure equal treatment for disabled women it is not enough to outlaw discriminatory laws and policies. Positive or compensatory measures must address the legacy of discrimination that disabled women have long borne.

1.10 Research Questions

Since the conceptual framework underlying this study is the social model of disability and human rights framework, I set out to understand how women navigated the terrain of leading, and their process of emergence into leadership often within DPOs. The research questions and interview protocol of the study were derived from my own experience as a disability activist, trainer and facilitator of disability programmes. Thus the overall research question was 'What are the leadership experiences of disabled women in DPOs in Zimbabwe?'

1.11 Aim of the research

The aim of the research was to explore the leadership experiences of disabled women in DPOs in Zimbabwe. The aim of the study was prompted by the paucity of academic research in the area of disabled women in general and of disabled women in leadership in particular. This study further aimed to contextualise the leadership experiences of disabled women as an alternative perspective to the dominant western literature on disabled women's lives.

1.12 Research objectives

The objectives of the research were to

- a. provide a description of the profile, family and educational background of disabled women in leadership;
- b. explore influences of their leadership development;
- c. identify challenges experienced in exercising leadership.
- d. consider how these women make meaning of the pathways to leadership.

1.13 Rationale for the study

The rationale for undertaking this study about the experiences of disabled women leaders in DPOs in Zimbabwe was to celebrate the leadership of disabled women in this context. In addition I sought to strengthen the voice of disabled women in academic research by giving legitimacy to their experiences. I also intended to add to a much-needed body of knowledge of African disabled women and to contribute directly as a disabled researcher.

Disability mainstreaming must be conceptualised as a transformatory process that sensitises and establishes institutional precedents and mechanisms for the needs of persons with disabilities and their affiliates. Over time, disability analysis and training, monitoring and evaluation should create disability sensitivity in every institutional process. Just as much as gender analysis, gender mainstreaming and gender evaluations have now become rote, disability analysis, disability consciousness-

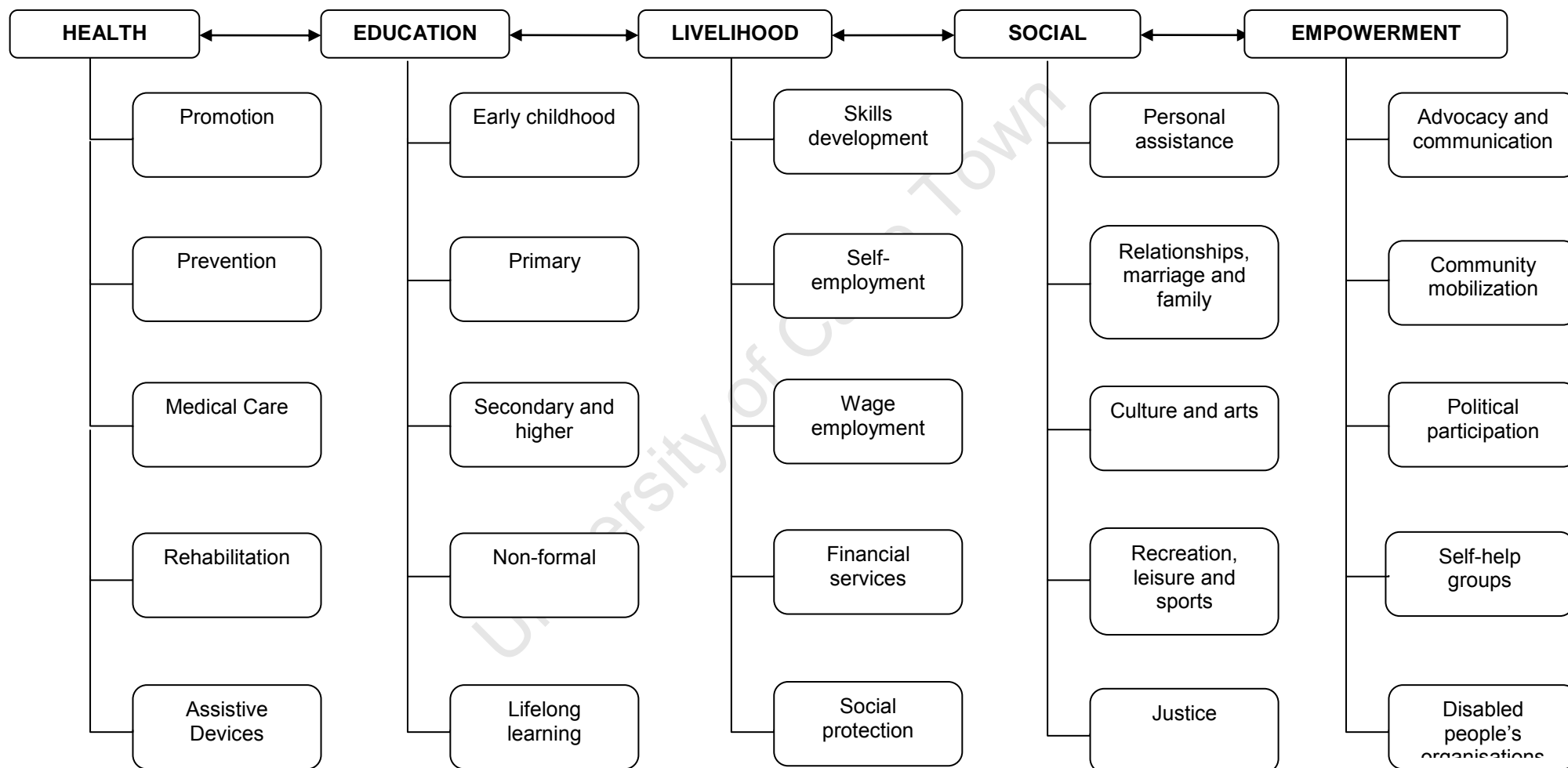
raising, disability mainstreaming, disability budgeting and disability evaluations must enter the lexicon and practice of development processes.

1.14 Significance of the study

This research study highlights the experiences of eight disabled women, each one of whom represents a DPO in Zimbabwe, relating to how their disability was experienced in the family in their formative years, their educational background, key influences in their lives that shaped them and significant people in their lives that served as role models. The methodology allowed for the analysis of individual experiences and the identification of common themes. The study examined the specific leadership experiences of these eight women and what this might mean for the transformation of DPOs.

There is very limited research done in the area of disabled women's leadership contribution in Africa, and Southern Africa in particular. This study aims to contribute to growing the body of literature of disabled women's voices from an African perspective. The study intends to contribute to filling the knowledge gap identified by Priestley (2001) with local content about disability issues. Bruce, Burke, Castellino, Kenna. Kilkelly & Quinlivan (2002) observed that development studies do not often focus on disabled women but on women in general; this study will attempt to narrow that gap. The study outcome provides evidence to potentially encourage DPOs to introduce gender equality into their programmes and leadership structures as a core development indicator.

Figure 2 Community Based Rehabilitation Matrix (WHO, 2010)



1.15 Overview of the study

This study comprises an exploration of the leadership experiences of disabled women in DPOs in Zimbabwe in the two major urban centres of Harare, the capital city, and Bulawayo.

As this study sought to understand how these women's realities were constructed, the interpretive paradigm of qualitative research was used. Data in the form of in-depth interviews with eight women leaders with disabilities were analysed in light of previous studies represented in the literature review along with my own observations and experience as a disabled woman that were unique to this particular study. This study is organized as follows:

Chapter 1 presents the statement of the problem, the purpose of the study, the significance of the study, and the definition of relevant terms. In addition the conceptual and theoretical perspectives of the social model of disability, a human rights perspective and the Empowerment component of the CBR Guidelines were presented they provide the background and guide the direction of the study.

Chapter 2 presents a review of relevant literature to provide an understanding of the nexus of leadership, gender and disability.

Chapter 3 gives an in-depth look at the research design for this qualitative study, using a case study design. The context of the study inside DPOs in Zimbabwe is discussed, a description of the population followed by the selection and location of the sample. Data gathering methods including the reasons for the chosen methods and sources of data, data analysis, rigor and ethical considerations are discussed.

Chapter 4 presents the findings of this study that emerged through the analysis of the data. This chapter explored the leadership categories and stages of leadership development the eight participants fall into. The three main categories and stages of leadership that emerged from the data namely, (1) Emergent leaders; (2) Intermediate leaders and (3) Experienced leaders.

Chapter 5 provides discussion and debates on the the interpretation of the three main themes of (1) Pathways of leadership development with three sub themes, namely, self-esteem and self- efficacy: looking at the internal and external influences of leadership development; negative expectations from the family and lack of support; (2) Challenges in exercising leadership, the sub themes of the impact of culture and gender discrimination; and the lack of support for disabled women in leadership and (3) How these disabled women made meaning of the pathways to leadership development, with three sub themes namely, how disabled women's resilience shaped their leadership experiences; using a sense of agency to define their leadership and empowerment through education.

Chapter 6 provides the conclusions and implications. This dissertation concludes with recommendations for further research and actions.

1.16 Conclusion

This chapter outlined the background and contextual aspects influencing this study, the theoretical frameworks that informed the problem statement, the purpose of the study and the significance of the study. In addition this chapter introduced the conceptual and theoretical perspectives of the human rights and empowerment paradigms whilst arguing for the social model of disability within a human rights perspective and the Empowerment component of the CBR guidelines (WHO, 2010). The literature review follows in chapter two.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to review current literature that I was able to access through internet searches related to the study and the gaps that this study will address. The cross cutting issues are

1. Leadership, gender and disability
2. Women and disability in Zimbabwe
3. The current structure of DPOs in African countries in relation to gender.

In this review, I connected the ways in which gender and disability may affect the leadership development of a disabled woman. The implications that may exist for the leadership of disabled women active in the disability movement have also been considered. The search strategies I employed were mainly from university library databases, the Internet and from my own reference material.

2.2 Characteristics of the Literature on Disabled Women

The major characteristic of the literature of disabled women is its diversity. This literature crosses disciplines and politics, and is often interdisciplinary in nature. It reflects in the diversity in the lives of disabled women presented by the type and severity of their disability, the wide variety of issues it addresses, as well as diversity along social dimensions such as class, race, ethnicity, and sexual orientation.

The greater part of the literature about disabled women has been written by the women themselves as a substantial part consists of their personal accounts of being female and having a disability. Some speak out in anger and bitterness at the isolation, despair, poverty, and powerlessness, while others celebrate achievements, strength, happiness, and fulfilment, despite their struggles (Traustadottir, 1997).

Although research in this area of disabled women and leadership is relatively new, the writings of the past decades have provided research-based information about the

social, economic, and psychological circumstances of disabled women along with theoretical analysis providing a framework to understand and interpret their lives and experiences. Much of the scholarly writing has been devoted to identifying the barriers disabled women face in today's society and has documented that they fare less well than both men with disabilities and non-disabled women in education and employment; in receiving economic security and social support; and in their access to sexuality and intimacy (Traustadottir, 1997). I found that the issue of disabled women's leadership has not received as much attention in scholarly research to date.

The major factor unifying the scholarly writings seemed to be the conceptualisation of disabled women as a group with a multiple minority status. This scholarship typically combined disability studies and feminist studies to explore the combined discrimination based on disability and gender. According to Traustadottir (1997) some authors have characterised disabled women as role-less because of the limited social roles available for them and the absence of institutional means to achieve valued adult roles. This research study found that all the participants have a significant leadership role in their DPOs and they can hardly be described as role-less in any part of their lives, although they have had to fight against the same stereotypes that disabled women face everywhere in the world. Disabled women have not been seen as fit to fill the roles of a mother, wife, homemaker, nurturer, or lover and economically productive roles have not been seen as appropriate for them either.

The existing literature on disabled women to date has been somewhat limited in scope because, with a few but significant exceptions, it has been overly focused on women who have physical disabilities (ibid). Women with developmental disabilities and mental health problems have been under-represented in the literature. In addition, despite efforts to incorporate diversity in terms of race, ethnicity, and class, women of colour still remain underrepresented (ibid). In my opinion another dimension of underrepresentation has been geographic location in that the conditions existing in the west are significantly different for disabled women in the south and developing countries in particular. Although somewhat limited, this new and exciting body of literature has provided the basis for further advances, more refined theoretical analysis, and a better understanding of the lives of disabled women.

2.3 Leadership, gender and disability

Leadership is a socially constructed paradigm; therefore, this examination of leadership must first be framed by the theoretical context that influences our understanding of leadership today. Trait and behavioural theories of leadership prevailed in the industrial era. Leadership was viewed as good management and leadership theories described traits and behaviours that worked well and could be applied to production and efficiency (Bennis, 2003). These theories focused on the 'great man' philosophy, which posited leadership as positional and leaders as exhibiting certain behaviours including power, authority and rational thinking (Northouse, 2007). These theories supported the traditional attitude that certain groups of people (that is women and people of different ethnicities as well as disabled people) usually lack adequate leadership characteristics. Yet these theories failed to address how leadership 'happens' in real life situations (Astin & Leland, 2007; Eagly & Carli, 2004; Klenke, 1996; Northouse, 2007). As the study of leadership progressed, researchers sought to understand the role of followers in leadership, which gave rise to situational and contingency theories. These theories incorporated the needs of followers, and recognised that situations may call for different kinds of leaders, but the focus remained on the leader in a position of power and influence (Bennis, 2003; Northouse, 2007).

The more recent paradigm of leadership has been grounded in human relations and characterised by shared goals (Bass, 1990; Bennis, 2003; Komives, 1998; Kouzes & Posner, 2002; Northouse, 2007). In these scholarly writings, leadership was considered a process that engages both leaders and members in creating change within themselves, the organisation and the community. Within this paradigm, power is shared and individuals are empowered. Most importantly, this new paradigm recognised that leadership can be 'done' by anyone (Northouse, 2007). Individuals, who can work across boundaries with less supervision, create shared understanding, collaborate, and motivate diverse teams of people who have different priorities and values, are sought in this paradigm (Bass, 1990; Bennis, 2003; Van Velsor & Drath, 2004; Wielkiewicz, 2000).

Komives (1994:9) defined this new paradigm 'relational leadership' stating that 'leadership is a relational process of people working together to accomplish change or to make a difference that will benefit the common good'. Kouzes and Posner (2002) used the term 'empowering leadership', defined as having a focus on relationships that empower people to accomplish a shared vision. Additionally, Northouse (2007) referred to 'transformational leadership' as a process 'concerned with the emotions, values, ethics ... and motives of people, ... and treating them as full human beings' (p. 175). For more than 20 years organisations have touted a leadership style that is less hierarchical, as well as an empowering and relational paradigm of leadership in which individual needs and voices are connected to the whole. This philosophy of leadership incorporates many of the characteristics inherent in what Gilligan (1982) called 'a different voice' and Belenky, Clinchy, Goldberger, and Tarule (1986) termed 'women's ways of knowing'. For the purpose of this study, I have used the term 'relational leadership' to refer to the emerging paradigm (Onorato, 2010). I have assumed, through my own search for readings, that disabled women's experiences of leadership have been ignored.

2.4 Leadership and Gender

A review of the literature on leadership and gender confirms that traditional leadership development practices, which focus on hierarchical systems and authority, put women and ethnic groups at a disadvantage (Cantor & Bernay, 1992; Eagly & Carli, 2004; Klenke, 1996; Ruderman, 2004). Interestingly, researchers have postulated that women should benefit most from the relational paradigm of leadership with its proclivity for stereotypically 'feminine' skills and behaviours such as relationship building, process-orientation, connectedness, empowerment, ethics of care and concern and empowerment (Eagly & Carli, 2004; Helgesen, 1990; Komives, 1994).

Statistics have indicated that women exhibit more characteristics from the relational leadership paradigm than men (Eagly, 2007). However, women have been underrepresented in leadership roles, especially those that provide substantial authority over people. Even in female-dominated organisations and professions such

as nursing and teaching, men have ascended to leadership faster than women (Eagly & Carli, 2004). Catalyst, a leading non-profit research and advisory organisation working globally with businesses and the professions to build inclusive environments and expand opportunities for women, reported that women constitute 14.7% of Fortune 500 board seats, and only 3.4% of these seats were held by women of colour (Catalyst, 2007).

Statistics have demonstrated that the ascension of women into elite leadership roles has been gaining momentum (Chao & Rones, 2007). This data prompts an investigation of the changes that have enabled women to rise into leadership roles they have not traditionally held. Eagly & Carli (2004) postulated three reasons that these changes may have occurred. Firstly, a redefinition of what constitutes 'appropriate behaviour' for women in the last few decades; secondly, the leadership paradigm changing to reflect more 'relational' styles of leadership, and lastly, organisational environments that are changing. To continue the progression of women into leadership roles, this study at its core looked into the investigation of how disabled women develop as leaders and the factors that promote or inhibit this ascension. I recognise that there is a necessity for a broader study that applies to women in general as a group, but it is outside the scope of this study.

Studies examining differences in leadership style between men and women have posited some interesting findings. For example, in a systematic examination designed to investigate difference in leadership style between men and women, Eagly and Johnson (1990) conducted a meta-analysis of 162 studies using the average magnitude of effect size to determine differences between men and women on measures of leadership style. Their findings indicated that women exhibit more transformational leadership behaviours and employ a more democratic leadership style that is grounded in a strong interpersonal approach, incorporating more collaboration and shared decision making.

Their research demonstrated that women face a double bind when it comes to leadership. Many of the difficulties and challenges for women outlined in their study relate to the incongruity of the traditional female role and society's traditional view of leader. Although women who exhibited a more relational leadership style were

viewed positively as leaders, they also experienced more negative evaluations of their competence as leaders when rated on behaviour traditionally related to expectations of a leader (that is decision making). This finding was especially true in masculine dominated organisational contexts, where a 'masculine' leadership style is preferred.

These findings are interesting for my analysis of leadership as they point to incongruence between the female gender role and leadership roles. Possible consequences of this incongruence are less positive attitudes toward female leaders, and an increased difficulty for women to become leaders and to achieve success in leadership roles. These findings indicate the need for further research to expose these implications as well as the need for research in settings outside of corporate America, and particularly with women across developing nations. Their findings also provide further evidence that women's ways of leading may be particularly suited for the emerging paradigm of leadership. Although, however, women may be particularly well suited for the relational leadership paradigm, this research also found that women leaders were evaluated differently from men. Specifically, group members favoured men over women when evaluating leaders, even when leadership behaviours were held constant, specifically in male dominated organisations. Women were expected to engage in activities and actions congruent with their culturally defined gender roles, which did not include leadership.

Eagly and Johnson (1990) also found that women are not as likely to be involved in leadership promotion opportunities, such as mentoring and social events, which contribute to success and progress in leadership roles. This finding should be further unpacked to investigate why particular activities are deemed 'promotional opportunities,' why women are not included in the pipeline when leadership opportunities arise, and why leadership positions are designed to favour men.

In an effort to compare the leadership experiences of women in the first two decades of the modern women's movement in the U.S and develop a conceptual model of leadership, Astin and Leland (1991) conducted a cross-generational qualitative study comprising a purposeful sample of seventy-seven women leaders in government and education. Their findings indicated that women's leadership differs from the traditional

models of leadership in the several ways, namely: utilisation of power and influence, conceptualisation of leadership as a collective, empowering others to take action in the organisation by de-emphasising hierarchical relationships, emphasising reciprocity, and emphasising responsibility toward others.

Implicit in the writings of Astin and Leland (1991) was the importance of mentoring the next generation of leaders to help them understand the historical perspectives of leadership and the role of women in this context. They also pointed out the importance of implementing what we have learned about any uniqueness in women's leadership styles into current practice, and examining current reward structures that may exclude women. Further study examining the process of change and collective action within a leadership context is also necessary, particularly in the disability movement as a sector. This study warrants further attention as it includes multi-generational perspectives and provides a context of change that occurred in our society within the timeframe that leadership theory was also being examined to include women and other perspectives.

Taken together, this literature seems to provide evidence that people expect and prefer that women be relational in their leadership approach and that men be agentic. Because leaders are thought to be more agentic than relational, it is not surprising that stereotypes about leaders resemble stereotypes of men more than women. These cultural stereotypes place women in a double bind as they are expected to follow gender role norms while also displaying expected leadership roles, which are still stereotyped as masculine. As a result, men sometimes appear more 'natural' in a leadership role, placing women at a disadvantage. Given these cross-pressures, finding an appropriate and effective leadership style could be challenging for women. In addition, finding mentors and role models with whom the next generation of women leaders can relate to, may be difficult if women are changing their style to meet society's expectations of what it means to be a leader.

The literature discussed in this section points to the need for further research to explore the ways that leadership develops within the constructs of a particular society, particularly for women and specifically for disabled women. Topics that might be particularly enlightening include: how the formation of leadership progresses,

factors that influence this development, the paths of ascension for women, the impact of leadership development programmes, and the impact of gender role awareness and diversity within leadership programmes.

2.5 Disability Rights and Gender

The literature review which anchors this research, has shown evidence from extensive searches of previous scholarly work in related fields, with special reference to disabled women. It has revealed a limited research focus on disabled women in Africa. The few studies that were found originated in Ghana, Uganda, South Africa and Tanzania.

Oliver (1996) challenged disabled researchers in the field of disability studies when he wrote:

As disabled people have increasingly analysed their segregation, inequality and poverty in terms of discrimination and oppression, research has been seen as part of the problem rather than part of the solution . . . Disabled people have come to see research as a violation of their experiences, as irrelevant to their needs and as failing to improve their material circumstances and quality of life.

Since then, it seems, disability research has been in 'a state of transformation and transition' (Moore, Beazley & Maelzer, 1998). Research is not justifiable simply on the traditional grounds of furthering knowledge with the presumption that knowledge is intrinsically good. All research is political, and research production and processes can further the oppression of those who are the subjects of research. In this research study, as a disabled woman researcher I sought to respond to this challenge by Oliver (1992) by strengthening the voice of disabled women in giving their experiences greater importance in service of facilitating change in DPO culture in Africa, with ripple influence to international DPOs.

Grobbelaar-du Plessis (2007) has recorded the South African legislative processes which promoted the rights of women, and in particular, the advances on guaranteeing the rights of persons with disabilities within the Constitution of the Republic (RSA, 1996). The White Paper on an Integrated National Disability Strategy (RSA, 1997) and a suite of enabling anti-discrimination legislation, institutions like the Human

Rights, Gender and Youth Commission, and a dedicated Ministry for Disability, Women and Children, have all helped to promote the position of disabled people in South Africa.

Muthukrishna, Sokoya and Moodley's (2009) work on gender and disability was based on a qualitative study carried out in South Africa to determine experiences of ten disabled women between ages 22 and 35. Their results reflected that women in developing countries, by the mere fact of where they lived, were often marginalised and were amongst the poorest of the poor people in the community. Like Grobbelaar-du Plessis (2007), they reported how disabled women were devalued by society. They argued that gender and disability are both socially constructed identities and that disability is a multidimensional identity that is specific to culture and history. They found that these disabled women were being defined by the public according to their health condition before being seen as women. The other characteristics that they reported as defining women included their culture and history were not even being considered. The disabled women's experiences were often limited by social, cultural and organisational stereotypes of what other people thought they should be like. Hence, disabled women were often not recognised as the authority over their own lives (Muthukrishna et.al, 2010).

In addition, a correlational study in USA that examined disabled women's sense of self in terms of self-esteem, self-cognition and social isolation, (Nosek, Hughes, Swedlund, Taylor & Swank (2003), found that disabled women had significantly lower self-cognition and self-esteem, and experienced greater social isolation than those without disabilities. Self-cognition refers to the mental process of knowing, including aspects such as awareness, perception, reasoning, and judgment. Cognition is that which comes to be known, as through perception, reasoning, or intuition, knowledge. They also found that disabled women had significantly less education, experienced more overprotection during childhood, had a poorer quality of intimate relationships and received lower rates of pay for equivalent employment. The authors emphasised how disabled women were socially devalued, and argued that disabled women experienced problems related to low self-esteem such as depression, unemployment, social isolation, limited opportunities to establish satisfying relationships and emotional, physical and sexual abuse.

2.6 Gender Equality For Disabled women

Disabled women have not always been regarded by society as fit to fulfil the traditional roles expected of women (mother, wife, homemaker, and nurturer) or to be economically productive in society (Grobelaar-du Plessis 2007).

Grobelaar-du Plessis (2007) observed the women's movements' focus on advancing the image of women as powerful, successful and competent tended to marginalise the position of disabled women even more. In my experience, this perspective has merit as it may point to some of the complexities in mainstreaming disability within the broader women's movement. The implication of this argument is that it is incumbent on the women's movement to raise awareness about the additional barrier that it has created (albeit maybe unintentionally) and that the exclusive image which, this creates could serve as a further handicap, and should be removed.

Patriarchy describes a general structure in which men have power over women. A patriarchal society consists of a male-dominated power structure throughout organised society and in individual relationships. Feminist theorists have expanded the definition of patriarchal society to describe a systemic bias against women (Butler, 1990). More significant was the way society perceived women in power as an exception to a collectively held view of women's 'role' in society. Rather than saying that individual men oppressed women, most feminists saw that oppression of women came from the underlying bias of a patriarchal society.

The intersection of class, race, ethnicity and gender on African disabled women results in them suffering more compared to the forms of violence and abuse other women generally suffer. Naidu, Hafferjee, Vetten and Hargreaves (2005) argued that African women are the most socially and economically marginalised group because their vulnerable state is compounded by poverty and socio-economic disadvantages. They further stated from their extensive work in the area of violence against women in Africa that oppressive and violent behaviour against disabled women is likely to occur in any patriarchal society that discriminates against disabled women. Lorenzo's

(2005) work emphasised the reality, complexity and the many paradoxes of disability in the everyday lives of disabled women living in informal settlements in South Africa, which were marred by their struggles for survival and recognition. Her study revealed the multi-layered complexity and the lived experiences of different disabled women, and how their will to be respected surfaced as they fought for the right to social inclusion and economic development.

Research has shown how cultural tendencies and negative societal expectations impact on disabled women, and specifically in relation to their holding positions of leadership in the public arena of Disabled People's Organisations. There has been a marked variation in how different cultures interpret disability. Groce & Trasi (2004) argued that the lives of individuals with disabilities are globally more limited by prevailing social, cultural and economic constraints than by physical, sensory, psychological or intellectual impairments. Cultural beliefs may lead to social devaluation of disabled women, for example, beliefs that they cannot marry, and that generally the life of a girl and woman with disabilities is less worth living. These beliefs are often acted out by the family, resulting in rejection, denial and banishment of the girl or woman with a disability (Groce & Trasi, 2004). The stories by disabled women living in Khayelitsha, Cape Town, South Africa, demonstrated the courage, determination and resilience that disabled women have shown in negotiating the struggles of their everyday lives to assert their right to exist, by creating opportunities for their own development (Lorenzo, Saunders, Januarie and Mdlokolo, 2002).

The Universal Declaration of Human Rights (United Nations, 1948), a powerful rights framework, emerged to vindicate the rights of women within private and public spheres. Grobelaar (2007) found that all women face the same spectrum of human rights abuses but these abuses are magnified for disabled women because of their social isolation and dependency. Grobelaar's findings were that a woman's impairment affects the way that she values herself as a human being, and her position as a social person within a specific culture and religion. The personhood or identity of disabled women is not only to be found in cultural analysis, but is negotiated by parents and families, and asserted by society, the media and health personnel (Ingstad and Whyte, 1995).

Barriers in the physical and social environment have prevented many disabled women from reaching out to, or even learning about, development programmes in their communities. The exclusion, therefore, of disabled women from economic life, social life, community life, and society at large has made them invisible and easily forgotten in the development agenda. If development agencies consult the disability community they usually consult primarily with men with disabilities because the leadership roles in many DPOs go predominantly to men. The few disabled women who have a voice in the development agenda are mostly from developed countries (Lang & Charowa, 2007). It has been observed that research on disability did not sufficiently include an intersectional perspective, but recent literature emphasises the intersection of different forms of social oppression and their impact on the lives of disabled women. Grobbelaar-du Plessis (2007) explored the influence of gender, culture and religion on the lives of disabled persons. She concluded that cultural beliefs may lead to social devaluation of disabled women, for example beliefs that they cannot marry. Furthermore, women face the same spectrum of human rights abuses but these abuses are magnified for disabled women because of their social isolation and dependency (Grobbelaar-du Plessis 2007; Lorenzo, 2005; Lorenzo Saunders, Januarie and Mdlokolo, 2002).

An intersectional analysis is defined as an analytical tool that theoretically examines the social positioning of 'actors' through various axes of historical oppressions, such as disability, sexuality, religion (Nesiah & Vasuki, 2006). An intersectional approach to analysing the disempowerment of marginalised women attempts to capture the consequences of the interaction between two or more forms of subordination. It addresses the manner in which racism, patriarchy, class oppression and other discriminatory systems create inequalities that structure the relative positions of women, races, ethnicities, classes and the like. Moreover, intersectionality addresses the way the specific acts and policies operate together to create further empowerment (Center for Women's Global Leadership, 2001). Intersectionality is what occurs when a woman from a minority group tries to navigate the main crossing in the city. The main highway is the 'racism road'. One cross street can be Colonialism, then Patriarchy Street. She has to deal not only with one form of oppression but with all forms, those named as road signs, which link together to

make a double, a triple, multiple, a many layered blanket of oppression (Yuval-Davis, 2006).

Schriempf (2001) wrote of intersectionality with special reference to how disabled women's issues, experiences, and embodiments have been misunderstood, if not largely ignored, by feminist as well as mainstream disability theorists. The reason for this, she argued, is embedded in the use of materialist and constructivist approaches to bodies that do not recognise the interaction between 'sex' and 'gender' and 'impairment' and 'disability' as material-semiotic. Schriempf contended that we will not be able to fully uncover the intersection between the sexist and ablest biases (among others) that form disabled women's oppressions until an interactionist paradigm is in place.

Beyond ontological questions of how many social divisions there are and how we are dealing with axes of social divisions, dualistic lines of difference or specific forms of discrimination, it is important to note that there is often a conflation between vectors of discrimination and difference and identity groupings. In her presentation to the women's conference on intersectionality, Bunch and Meillon (2001) described 16 vectors of difference (from gender and class to indigenouness and rural living), and concluded that 'If the human rights of any are left unprotected – if we are willing to sacrifice the rights of any group, the human rights of all are undermined' (p. 111).

This interactionist paradigm by Bunch and Meillon, is problematic both theoretically and politically, as it constructs difference per se as automatic grounds for both discrimination and entitlement for defence from discrimination. It does not attend to the differential positionings of power in which different identity groups can be located in specific historical contexts, let alone the dynamics of power relations within these groups. Nor does it give recognition to the potentially contested nature of the boundaries of these identity groupings and the possibly contested political claims for representation of people located in the same social positionings. These problematics have also affected attempts to construct a methodological approach to intersectionality in development and human rights fieldwork as pursued by Bunch and Meillon (2001).

What this means for this study is that the multi layered nature of discrimination experienced by disabled women presents a profound set of complexity that the participants contend with on a daily basis.

2.7 Summary

As evidenced in this review of the literature, research indicates the central importance of increasing accountability on community and regional structures, women's movements and institutions like DPOs to prepare disabled women for leadership. Disabled women leaders, like all other leaders, should be prepared for an interconnected world in which they will deal with major economic, societal, political and environmental issues. It is important that civil society, the donor community, development agencies, NGOs government and the corporate social responsibility be intentional in developing leadership programmes, based on an understanding of power differentials that incorporate our diversity across gender and disability, and instil values and skills for effective leadership in a global environment. Preparing individuals who are capable of this kind of complex thinking, leading and relating requires engagement in purposeful transformational initiatives in leadership experiences which promote self-authorship, understanding across differences, and critical thinking and interpersonal skills.

Specifically, there seems to be a gap in the literature addressing the experiences of disabled women's leadership experiences, styles and development in an African context. An understanding of these women's developmental challenges and experiences should provide rich data to inform practitioners as they create interventions through policies and programmes to transform redundant patriarchal practices in DPOs. Although some progress in describing leadership and formulating effective theories has been made, much more is left to learn about leadership development of disabled women in Africa.

2.8 Conclusion and Implications

As demonstrated earlier in this chapter, although many researchers have studied leadership, until recently the topic of leadership and women, especially disabled

women, was rarely addressed in empirical research. As stated earlier, women and diversity are changing the demographic of society in general. Our patriarchal and African centred system in which men hold the power and exert more influence has impacted how we define leadership, how we study and measure it, the symbols and metaphors we apply to it and the way we practice leadership. Women are under-represented in leadership roles, especially those that provide substantial authority over people not because of abilities but because of cultural oppression.

The evidence presented in this chapter demonstrates the impact of leadership if adequately supported for disabled women has tremendous potential, to increase the socio-political and economic contributions of disabled women. The research presented in this literature review has also suggested that the various identity markers to which one ascribes, ethnic, gender, orientation and ability, lay a foundation for leadership development. To understand Zimbabwean disabled women's leadership experiences, it is important to understand the context in which these women leaders operate, and the influences and strategies that support or hinder their leadership development. As academics and development practitioners continue to understand this process, we will be better situated to design leadership programmes that assist DPOs in achieving their mission: to mobilise for change and realise human rights for all.

The following chapter outlines the methodological framework that framed the research design and process.

3.1 Introduction

This chapter outlines the qualitative research paradigm that was adopted, using a collective case study with thematic analysis as the research design. It identifies the theoretical framework that served as its foundation. My role and background and the personal foundation from which the motivation of this study came is also described. The study population and a description of the setting is made. The sampling process for the selection of participants are identified along with the criteria for inclusion of participants. In-depth interviews were used as the data generation method. Thematic analysis was the process that was used to analyse the data. The process for ensuring rigor is explained, using key methodological considerations in narrative approaches. Ethical considerations are outlined with respect to informed consent, confidentiality and the duty of care.

3.2 Qualitative Inquiry

Disability, like the concept of leadership and gender, is socially constructed. This construction of women's multiple identities is influenced by such dimensions as gender, ethnicity, culture, social class, sexual orientation and abilities (Jones & McEwen, 2000). This study explored the experiences of disabled women as leaders in Zimbabwean DPOs and adds to the growing literature combining the dimensions of gender, disability, and leadership development. The interpretive paradigm served as a guide as I listened to understand how these women experienced the multiple dimensions of their leadership development process. This approach also reminded me to not presume what is most central to these women but to listen for how each participant viewed herself, as a woman with a disability who is a leader.

Consequently, because the goal was to explore these women's leadership experiences, qualitative inquiry was the research approach that provided me with the in-depth and rich data required to understand the participants' views. Merriam (2002:3) described the context for why qualitative research is more appropriate to

some research projects by stating that meaning is socially constructed by individuals in interaction with their world. Furthermore, that qualitative research provides a context to 'learn how individuals experience and interact with their social world, and the meaning it has for them'.

3.3 Case Study Design

A qualitative case study in a bounded setting design was adopted (Stake, 1995; Patton, 1990) since the purpose of this study was to understand the influences of leadership experiences and leadership identity development through the voices of disabled women in an African context. According to Stake (1995), a case study is expected to catch the complexity of the cases. The cases studied in this research were disabled women leaders holding current positions of authority and were identified by their DPO.

Yin (2009) defined case study as a method in the following manner:

An empirical inquiry about a contemporary phenomenon (for example a case), set within its real-world context, especially when the boundaries between phenomenon and context are not clearly evident (p.18).

I used a collective type of case study that involves studying a group of individuals. The collective type was best suited to studying the leadership experiences of several disabled women. The collective type of case study was also the most preferred method as I had little control over the events and since the study had a contemporary focus within a real life context (Yin, 2009).

The case study method produced much more detailed information and proved to be relevant to the context of this research study. I was aware of the potential limitations of the case study method, such as inherent subjectivity. The strengths of the case study method such as flexibility and an emphasis on context were optimised in this study. I was comparatively freer to discover and address issues as they arose in the study. In addition the looser format of the case study method allowed me to begin with broad questions and to narrow the focus as the study progressed. The emphasis on context allowed me to understand as much as possible about the

participants as the case study method specialised in thick description or deep data, which is information based on particular contexts that gave this research study a human face.

The main weakness of the case study method, such as inherent subjectivity, was successfully mediated through rigorous member checking and peer reviewers. There is also the potential weakness of high investment in using the case study method due to the relative small scale of this research study and my positioning as a researcher who is woman with a disability. I used the peer reviewers to guard against over-investment in the research study as a means to keep my personal and professional agenda in check.

3.4 The Setting

The DPOs involved in this study were active in Zimbabwe's main urban centres of Harare and Bulawayo. Each respondent was defined as a woman with a disability who held a defined position within an organisation/DPO, that is, President, Chairperson, Deputy Chairperson. For the purpose of this study, disability organisations and DPOs were loosely defined to include members affiliated by fact of their disability to an organisation of and for disabled people. The SAFOD Women's Programme, Disabled Women in Africa, coordinator advised on the women leaders with disabilities across all eight DPOs in Zimbabwe.

3.5 Sampling

This study employed purposeful sampling procedures of intensity sampling to solicit participants who represented the diversity of positional leadership roles and thus identified 'information-rich cases that manifest the phenomenon of interest intensely, but not extremely' (Patton, 1990:171). SAFOD assisted with identifying all the leaders that became participants in this research study, complying with the inclusion criteria of being a woman with a disability currently serving in a position of authority in the DPO. The participants ranged in leadership experience as some had experience in leadership for less than 5 years and the majority for more than 15 years. Two main

criteria were identified for participation in this study: identification as a woman with a disability and currently serving in a leadership position in a DPO in Zimbabwe. These criteria were used to increase the likelihood that each participant had an enhanced understanding of the possible, or perceived, impact her experience in a DPO had on her own leadership development.

The participants were women between 22 and 60 years old (mostly middle-aged). In selecting the participants, I sought to select a sample that represented a diversity of 'involvement' categories so that the experiences of leaders at various stages of DPO hierarchy with an understanding of leadership were heard (that is, positional, involved for many years, and first time being involved). A target of eight positional leaders was determined for the purpose of this study. In addition, participants who represented a diversity of impairment types were desired so that these participants' experiences could be revealed, compared and analysed. This was easily achieved due to the way in which DPOs have been traditionally established along disability type, for example the blind, the deaf and the physically disabled.

The study sample size focused on the experiences of eight women with different impairments. The eight women leaders were interviewed in order to understand their specific experiences of leadership in the DPOs in Zimbabwe.

3.6 Participants

The profiles of eight participants, including a description of their disability, are presented in Table 1. Patton (1990) referenced the lack of rules for sample size in qualitative inquiry stating that finding a 'saturation' point is the goal in this type of design. Therefore, finding the saturation point ultimately determined the number of participants involved. The way I found the saturation point of eight disabled leaders was by targeting a critical representative mass of disabled women leaders across the ten main DPOs in Zimbabwe.

3.7 Researcher Positionality and Assumptions

I referred earlier to intersectionality in chapter two. I now turn to my own intersections as part of my positionality. Amongst other things, I am a researcher, Muslim, a disabled woman, a disability rights activist, feminist, leader and human rights advocate. All these axes impact upon this study. In reference to Nesiah & Vasuki (2006), I have experience of the interplay of these various axes of historical oppression such as race, disability, gender and religion. In my own leadership career I can identify with the struggles of the participants in how I had to assert my leadership style as legitimate and effective whilst using a blend of feminine and masculine behavioural competencies.

My experience as a woman with a disability and a leader, my experiences in the South African and regional disability movement, my educational background, and the choices I have made as a professional, influenced my decision to choose this topic of research. In addition, my own philosophy, which views leadership as a process in which individuals engage together to create change, influenced my decision to approach this topic. I obtained my postgraduate diploma in organisation and management with a focus in leadership and during the past 19 years have held a variety of roles as a senior public servant in the South African government. My perceptions of this topic were influenced by my formal educational preparation, international exposure and my professional experiences. I have held a variety of positions in the disability movement in my 26 year period of activism as the national advocacy manager of Disabled Children's Action Group (DICAG) and as the Chairperson of the regional Women's Coalition, representing disabled women.

I was responsible for developing programmes and legislative review initiatives that enhance the rights of women and children with disabilities. Many of our programmes seek to develop women as leaders in their communities as well as to bring awareness about the impact that gender has on leadership development. In addition, I specialised in leadership studies and consulted in developing women's leadership development programmes inclusive of coaching and mentoring. I interact with a number of female leaders in government, NGO and the private sector. I am involved

with their lives, their passions, and I am continuously intrigued by their interest in serving their communities and their organisations in a leadership capacity.

This is where my interest in studying women leaders with disabilities derives and while some may see this involvement as having the potential for bias in data interpretation, I believe that my familiarity with the topic, the context and the disability movement was an asset as it facilitated the opportunity for me to delve deeply and ask questions that brought out abundant details from participants.

Bogdan and Biklen (2007) did caution the researcher about conducting research in one's own 'backyard' as participants may have difficulty viewing the researcher as neutral and may thus have a hard time opening up.

Based upon my experience and relationship with the participants however, I believe that my knowledge and understanding of disabled women, the context and women's development practice, as well as my reputation as an activist supported me in developing positive and comfortable rapport with every participant resulting in open communication and confidence in the process. This notion is supported by the constructivist paradigm which views truth as subjectively determined by an individual's social experiences (Merriam, 1998).

My assumptions at this time were that there was a myth to be tested that disabled women were absent from leadership positions in DPOs in Zimbabwe. A further assumption was that if a critical mass of disabled women leaders existed, they could be a successful force for change. A final assumption I held was that the men in leadership positions in DPOs were paying lip service to gender equality and using it as a strategy to appease the donor community.

3.8 Role of the Researcher

A unique quality of qualitative research is the role of researcher as the instrument of data collection (Creswell, 1994). In this study I played a critical role in connecting the voices of these disabled women as they shared their leadership journey, given that I

am a women with a disability myself. I have attempted to create the story of how these women leaders in their context developed their leadership; such is the interpretive approach to meaning making. My role as researcher was to seek deep meaning, utilise the voices of my participants to paint a picture, and protect and validate the transfer of knowledge so that it is communicated in a way that increases the likelihood that readers will form an understanding similar to that which I intended. The process of triangulation (Patton, 1990), described later in this chapter, was used to reduce the likelihood of misinterpretation.

3.9 Data Collection

One main type of interview was used to generate data, namely in-depth interviews. The primary method was described together with details of the process. The different sources that I used to gather information about the participants were accessed through interviews, which constitute one of the most important methods for gathering information in case studies.

3.9.1 In-depth individual interviews

The in-depth individual interviews were conducted in November 2011. Each interview lasted between 1 and 1.5 hours on two separate occasions which meant that each participant spent a total of 3 hours in interviews. One of the participants was not available for a second interview. The data from this participant was used even though she was unable to follow through on her commitment.

As stated earlier, the saturation point is most critical in determining the number of interview occasions. I conducted two interview rounds; the first round included eleven DPOs and five women's network participants (see appendix E) for first interviews. The second round included eight participants (disabled women leaders) for first and second interviews, and with the data of eight participants transcribed and coded I felt I was reaching saturation.

In-depth interviews were initiated with participants being asked a few broad questions and invited to talk freely about their experiences (Merriam, 2002). To elicit answers to

the research questions, interview questions and probes that would help construct a picture of the implications of gender and disability for the success and survival of DPOs. The final list of interview questions is included as Appendix C. Questions focused on key experiences in their leadership experience, their beliefs about leadership, and their experiences related to disability and gender. There was no intention on my part to force participants to answer in any way that deviated from their personal perspectives.

I conducted in-depth interviews with each participant, using an interview guide to establish parameters. In in-depth interviews, respondents were asked to respond in their own words (Tashakkori and Teddle, 2003), allowing them to speak freely (Bernard, 2005). Using this interview format, I met respondents in their daily settings, that is at the offices of SAFOD. The interviews were based on a clear plan that I kept in mind as a guide. Demographic information about each woman was gathered between the first and second interviews and recorded on a data sheet.

3.9.2 Interview schedule

In-depth interviews are used to study sensitive issues or 'hot' topics (Bernard, 2005). The questions were based on material gleaned from a variety of sources. I reviewed key reports and previous research conducted especially by Disabled Women in Africa (DIWA) to ascertain the key concerns in relation to gender equality in DPOs. I have also engaged in exploratory conversations with key informants who played an advisory role to me, the researcher, about the direction and formulation of questions/triggers that were used in the interviews. This helped to guide the selection of questions which I used to gain insight into the culture of the DPOs, and the respondents' experiences and stories, including their routes to a leadership position and what it was like for them to be a leader.

3.9.3 Interview Process and Protocol

Permission was granted to audiotape interviews, which were transcribed. The interviews were conducted in English. The data gathering process took one month. I went back to respondents for additional information via email.

The letters that was sent to participants and the DPO list are located in the Appendices (see Appendix A & D). Once approval from the SAFOD regional office was granted in October 2011, they provided me with the contact information for the leaders they recommended to me. In this way initial contact was made via email with a total of 12 DPOs who were recommended. Through phone conversations I provided to each of the recommended leaders an overview of the study and the selection criteria prior to scheduling our first interview. In this way, contact was made with 10 leaders, eight of whom agreed to participate in the study.

I conducted in-depth interviews with each participant, using an interview guide which established a parameter and not necessarily ask every question listed. In in-depth interviews, respondents were asked to respond in their own words (Tashakkori and Teddle, 2003), allowing them to speak freely (Bernard, 2005).

3.10 Data Analysis Process

Data analysis began with transcription of the data verbatim by a transcriptionist. The pseudonym created for each participant was used in all interviews and transcriptions to increase the likelihood of anonymity. To enhance the probability that each participant's voice was heard, I listened to each recorded interview twice prior to reading the transcribed interview. After each transcription was completed I coded the transcripts of each participant to designate original location in the transcript as follows: (a) each participant was assigned a number (I1-1 – I8-1) for first interviews and (I1-2 – I8-2) for second interviews, (b) in addition, each line on each page of the transcript was numbered.

The data was transcribed in English prior to analysis. Transcribing and analysing the data between each round of interviews provided an opportunity for themes to begin to emerge and for the data to be understood as well as to determine whether the saturation point had been reached, that is, when no new themes emerged

The study used thematic analysis. The study used the 6-phase guide of performing thematic analysis. Braun and Clarke (2006) subscribed to the argument by Boyatzis (1998) and Roulston (2001) (cited in Braun and Clarke 2006), that thematic analysis

is a poorly demarcated, rarely acknowledged, yet widely used qualitative analytical method. Through the theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data. They contend that analysis is exciting because the researcher discovers themes and concepts embedded throughout the interviews (Braun and Clarke, 2006).

Braun and Clarke (2006) defined thematic analysis as a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes the data set in rich detail. Thematic analysis can also go further to interpret various aspects of the research topic (Boyatzis, 1998).

I have ensured that thematic analysis in this study reports experiences, meanings and the reality of participants. A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. Therefore the researcher's judgement is necessary to determine what a theme is. Part of the flexibility of thematic analysis is that it allows the researcher to determine themes and prevalence in a number of ways. An alternative use of thematic analysis is to provide a more detailed and nuanced account of one particular theme or group of themes within the data.

In this study I have used an inductive approach, which means the themes identified are strongly linked to the data themselves (Patton, 1990). In this approach the data has been specifically collected for the research via interviews so the themes identified may bear little resemblance to the questions that were asked of the participants. This form of thematic analysis is data driven, also known as a bottom up method.

The phases of thematic analysis, a description of the process is outlined below:

1. familiarising yourself with the data
2. generating initial codes
3. searching for themes
4. reviewing themes
5. defining and naming themes

6. producing the report.

I endeavoured to ensure that my analytical claims were grounded in, but went beyond the 'surface' of the data to make meaning of the women's experiences. I was guided by Braun and Clarke (2006) in the sort of questions I was asking toward the end phases of my analysis, which include:

1. what does this theme mean?
2. what are the assumptions underpinning it?
3. what are the implications of this theme?
4. what conditions are likely to have given rise to it?
5. why do people talk about this thing in this particular way (as opposed to other ways)?
6. what is the overall story the different themes reveal about the topic?

As qualitative research is a process wherein the researcher derives categories and themes from the data, I actively engaged in the process of discovering categories of meaning that lead to development of themes, which lead to identifying areas that needed further investigation. The process of engaging in data analysis concurrently with data collection described earlier, supported this engagement, and allowed themes to emerge and be followed up on as the data was being collected. The data provided a path to guide further question and analysis. Each of these initial areas is presented in the final themes of this study as they continued to emerge as significant patterns in the data. Discussion with my peer reviewer and analysis of the data from this study caused me to develop the themes further to the present structure as discussed in chapter five. Even so, themes connecting these women's leadership experiences emerged from the cross-case analysis and, with the assistance of my peer reviewers, I was able to break down the themes further into sub themes that were most relevant to the experiences of the participants and the focus of this study.

In the first phase of analysis I read through each interview transcript from the first round of participants as well as observations from the workshop, noting general patterns that emerged in response to the interview questions and ways that this supported what participants discussed in the workshop. During the second reading of the transcripts from round one I identified words and phrases that signified the most

meaning for the participants. As themes began to emerge, they were clustered into larger semantic units and coded. Each theme was substantiated with rich descriptions using the participants' words (that is, 'voice') based on the verbatim transcripts of the interviews. As the initial themes began to develop, I utilised the research questions to create a list of potential themes and continued to code the data. A phrase/code was designated to each initial theme and written in the left hand column of the transcript beside the quote that the code reflected. After each transcript was coded, quotes related to each theme were removed and placed in table format that corresponded to the umbrella of each research question and the specific of each theme. These tables included the quote and a code to identify the participant who expressed the quote. During this process I shared my initial list of topics and themes with my peer reviewer who read the first six un-coded transcripts and helped me to verbally process what I was discovering in the analysis phase. She provided great insight and asked me to define further the meaning I was making from my participants' words. Through this process the initial list of topics and themes was refined to better capture the voices of my participants.

After repeating this process of data analysis for each of the individual interviews, the text of the first round of transcriptions was analysed together and compared to the transcriptions from each additional round of interviews as well as notes from the workshop. The constant comparative method was utilised for data analysis (Bogdan & Biklen, 2007). The texts of the transcribed individual interviews were compared to each subsequent interview and analysed across all individual interviews. In qualitative research, data analysis is simultaneous with data collection. Therefore, this process began shortly after the first interview was conducted and continued until after the data from the group interview was analysed. This method allowed me to make adjustments, redirect the data collection process and continue to refine the topics and themes (Merriam, 2002). Common themes across individual transcripts were outlined and overarching themes identified as the thematic structure developed into topics. Data analysis did not focus exclusively on similarities, but instead sought to identify relationships that connected statements and events within the context as well as contradictions that needed clarification during later interviews. Codes and categories were identified till saturation and then the categories were further collapsed into themes.

Once saturation was achieved, and no new categories were derived from the analysis, I knew that I had exhausted the number of interviews with the participants. At the conclusion of the data analysis phase, the extent to which research questions were addressed was examined.

3.11 Ensuring Rigor and dependability

In ensuring rigor I used the following key methodological considerations in thematic analysis approaches, on the understanding that the material used in any qualitative analysis is deeply influenced by the researcher. The aim of the qualitative approach to analysis is to produce detailed, 'information rich' data, which is embedded in a context that helps to provide their full meaning and within which the data can be appreciated and understood. The rationale for this approach is to fully explore one of the principal merits of qualitative methods, the analysis of meaning in-depth and in context (Crossley, 2000). The aim is therefore to produce in-depth analysis and insight into individual case histories, which appreciates the complexities and ambiguities of the interrelationships between individuals and society (Crossley, 2000). Research evidence was gathered to assure readers that findings are supported by the data.

Crossley (2000) further argued that these considerations regarding selection, interpretation and representativeness also have implications for the way in which qualitative researchers go about justifying, or in other words, validating their analysis. The narrative research concept of validity generally means being well grounded and supportable (Polkinghorne, 1988). Hence in order to support the analytical findings, I built up arguments and presented evidence from the study's data set. It is important to note that the argument will not produce certainty; rather it can produce likelihood. Most researchers therefore justify their account by asserting only a limited local authority for their findings based on a combinations of thorough and conscientious exploration and reporting, intellectual excellence, consensus of opinion and productive utility (Crossley, 2000). For example an interpretation may be justified on the grounds that it is comprehensive and coherent, consistent with the data and theoretically sophisticated and meaningful to both participants and peers, otherwise known as plausible or persuasive.

Furthermore, I ensured rigor by referring to the work of authors who assert the notion of relocating truths in the qualitative research paradigm. They stated that notions of truth and rigor in research are about making explicit strategies and stances that have been adopted and by recognising complex interactions of the socio-political agenda that are at play in the research. (Crossley, 2000). Thus Van Niekerk and Savin-Baden (2010), argued that truths in qualitative research are spaces of mediation; the researcher's biography, practices, and positions affect how she sees and practices truth in qualitative research. They further posited that they recognise that truths are complex and fragile, and need to be seen as places where issues of power, consent, and negotiation are mediated by the researcher's (that is, my own) values and biographies.

Thus situated understandings are produced (Savin-Baden & Major, 2010). The view emerges that the criteria for trustworthiness of credibility, transferability, dependability and confirmability, and the strategies to achieve these, such as member checking, peer debriefing, thick descriptions and the establishment of an audit trail have limited application if the researcher subscribes to the argument of mediated spaces and situated understanding.

New strategies and different stances are about rigor, verisimilitude and locating power for re-conscientisation (Van Niekerk & Savin-Baden, 2010). I employed all these considerations in ensuring rigor. Thus, the specific standards to ensuring rigor in this study were:

1. using thematic analysis as an appropriate tool has met the stated objectives of the investigation.
2. the methodology was designed to collect data that was appropriate for the level required in the analysis.
3. the data collection technique generated the appropriate level of detail needed for addressing the research questions.
4. I employed an inductive analysis process which involved identifying codes, which were collapsed into categories and then collapsed into themes.
5. specific checks of member checking were in place to ensure that the discovery of patterns was not superfluous.

The consistency between our interpretations lends credibility to the findings. Recognising and setting aside my pre-conceptions or learned feelings about disabled women's leadership journey may be difficult, but utilising member checking and a peer reviewer helped me to monitor these held values. I decided to conduct a workshop with thirty women leaders from all DPOs in the country to test the feedback received from my interviews with DPOs and the emerging themes.

Aspects of Trustworthiness

Qualitative inquirers mindfully employ a variety of techniques to increase the trustworthiness of the research they conduct; that is, how much trust can be given that the researcher did everything possible to ensure that data was appropriately and ethically collected, analysed, and reported. Other common terms used interchangeably with trustworthiness include authenticity, goodness, plausibility, and credibility. The necessity for such careful measures stems in part from the regular use of researchers themselves as instruments and interpretive analysis, rather than quantitative instruments that have been scientifically validated and are compatible with objective analysis of data through statistical computations (Creswell, 2009; Strauss & Corbin, 1998). More responsibility is placed on qualitative researchers to demonstrate that their entire research process is worthy.

Among the most often used procedures to increase trustworthiness in qualitative inquiry are audit trails, reflexivity (Creswell & Miller, 2000), thick and rich description, triangulation, and member checking (Creswell & Miller; Merriam, 1998). Following is a brief description of member checking I employed in this study.

Member Checking

Member checking is an opportunity for members (participants) to check (approve) particular aspects of the interpretation of the data they provided (Doyle, 2007; Merriam, 1998). It is a "way of finding out whether the data analysis is congruent with the participants' experiences" (Curtin & Fossey, 2007, p. 92). Commonly, participants were given transcripts or particles from the narratives they contributed during interview sessions and were asked to verify their accuracy. Participants were asked

to edit, clarify, elaborate, and where relevant, delete their own words from the narratives; although Creswell (2009) stressed that member checking is best done with “polished” (p. 191) interpreted pieces such as themes and patterns emerging from the data rather than the actual transcripts. Member checking can be an individual process or can take place with more than one person at a time, such as in focus group settings as discussions with the researcher (Doyle). In this research study the workshop I conducted served as a focus group to check the themes and patterns emerging.

Member checking in this study was a single event that took place only with the verification of transcripts or early interpretations. Sometimes though, it is done at a few key points throughout the research process with some scholars recommending it be done continuously (Doyle, 2007). Some researchers regularly provide participants with their interpretations of the narratives for the purpose of verifying plausibility (Curtin & Fossey, 2007; Merriam, 1998) and asking: Am I on the right track? Did I understand this in the same way you meant it?

I worked with two peer reviewers in identifying the themes and categories. One of my peer reviewers was Zimbabwean with considerable experience of the context in Southern Africa and Zimbabwe in particular. She is a skilled professional and researcher at a post Masters level. The second peer reviewer was at a post doctoral level with extensive experience in the disability sector. Peer reviewing is based on the same principle as member checks but involves the researcher's discussing the research process and findings with impartial colleagues who have experience with qualitative methods. Insights are discussed and problems presented as a form of debriefing. Lincoln and Guba (1985) suggested that this is one way of keeping the researcher honest, and the searching questions from my reviewers have contributed to deeper reflexive analysis by myself. Working with these two peer reviewers also increased the credibility by checking categories developed out of data and by looking for patterns across and within the themes. Peer examination also presented me with the opportunity to present working hypotheses for reaction and to discuss the evolving write up of the study.

However, it was important that I managed my own subjectivity which I did utilising my reflective practice and a small reference group. Even so, because of my visibility, most of the participants knew of me to some extent as a trainer and facilitator from South Africa, therefore the potential existed for me to be viewed as an outsider. Although there is debate over the strengths and challenges about a researcher being either an insider or an outsider within a community, I believe that my experience within the context afforded me the ability to utilize the positive aspects of being both an insider and an outsider while still developing the rapport and trust necessary to elicit rich data. Utilising member checking and a peer review process also increased the likelihood that I accurately reflected the voices of my participants in this study, as explained above.

I endeavoured in this research project to make explicit how I went about analysing the data; surface what assumptions informed my analysis; as well as compare and synthesize with other studies on the topic, so as to not impede future researchers work in the field. Thus I hoped I brought clarity on my research process and practice of method.

3.12 Ethical considerations

I was constantly guided by the code of ethical conduct provided by the Faculty of Health Sciences Human Research Ethics Committee, University of Cape Town. The study was approved by the Faculty of Health Sciences Human Research Ethics Committee of the University of Cape Town before the study commenced (HREC Ref: 384/2011). The study also adhered to the ethical principles outlined in the Declaration of Helsinki (World Medical Association, 2008).

I was well aware throughout the study of certain ethical issues, such as conflict of interest that could potentially hinder the credibility of the study. This study was conducted in partnership with Disabled Women in Africa and a donor partner that sponsored the research study. From the start of the study I took into account my own personal integrity, sensitivity and possible prejudices and biases that had to be processed in order not to contaminate the research study. I achieved this through rigorous member checking.

Before beginning the initial interview I spoke with each participant, sharing the purpose of the research study, issues of confidentiality, and the commitment of the study required, I also answered questions each individual had. If they agreed, the consent form was signed prior to conducting the interview. All participants were asked to provide consent for the interviews to be tape recorded for accuracy, and each granted this permission. I also informed them that they would each receive a copy of their transcriptions for review. This process of member checking provided them with an opportunity to read over what was said in individual interviews. This assisted with the accuracy of the data. In addition, I asked each participant to inform me if there was anything in the transcription that she did not want to be published in the findings or that was inaccurate. None of the participants requested changes to the original transcripts.

Finally, to maintain the highest level of confidentiality and to help establish rapport and trustworthiness between the participant and myself, I created a pseudonym for each participant for the purposes of the research. It is necessary to mention that each chosen pseudonym was informed by the image that resonated with me most strongly of my personal sense of the participant's demeanour and energy and how I felt their presence.

3.12.1 Informed Consent

Informed consent was obtained from all participants before involving them in the research. Cohen, Manion and Morrison (2000) argued that informed consent should encompass four principles, namely competence, voluntarism, full information and comprehension. These four principles were adhered to. The participants were in a position to understand the information that I was providing, and based on that they were able to make a decision to voluntarily participate in the research or not. The process of voluntary participation went along with the understanding that respondents were able to stop the interview at any time they deemed fit without any resultant disadvantage.

3.12.2 Confidentiality

The identity of the participants remains anonymous to ensure confidentiality – pseudonyms were given to each participant. Participants were given the information sheet and asked to read through it before deciding if they agreed to participate or not. The information letter guided the process towards the achievement of the four principles noted above. Participants signed the informed consent form. The raw data is kept in a safe place known only to the researcher and supervisors, who conducted the study confidentially, therefore managing all information in this manner (Creswell, 1994).

Ethical imperatives included respect for persons, a responsibility to protect identities and to maintain confidentiality of all participants. It also included beneficence, a vigilant awareness of risk potential in all research-related activities, including data collection, sorting and storage. All reasonable measures were taken to minimize risk and exposure of identities. All identifiers were not saved together with the main research report, and kept strictly separate in hard copy only in a secure locked document file in my home office.

Data is non-sensitive when it has been obtained anonymously from participants so that no identifiers can link any data to individual subjects. In this case, data storage needs only to be secure to the extent it can be retrieved easily by the principal investigator in response to a request for ethical review by the Ethics Committee. Data that is stored electronically is backed up on an independent storage device. Data is sensitive when it contains identifiers that can be linked to individual subjects. In this case, the investigator has a special obligation to maintain secure data storage that protects the confidentiality of research subjects.

Both non-sensitive and sensitive data must be stored for a minimum of one year after the conclusion of the study. I and supervisors may extend storage duration beyond the minimum for reasonable cause. However, research data in either hard copy or electronic form will not be maintained in perpetuity. The sensitivity of the data and the reasons for maintaining the data should be the primary factors determining the length of retention beyond the minimum.

3.12.3 Offer of support

All participants were offered external counselling support service, should they require it post- or in-between the interview stages. This was done in the event that the interviews unlocked any uncomfortable or unsettling emotions that need professional assistance to process and debrief. None of the eight participants indicated that they required this service after the interviews.

3.12.4 Declaration

The study did abide by the Declaration of Helsinki (Seoul version 2008). This research forms part of a larger study that I have been commissioned to do by Disabled Women in Africa (DIWA) through the Southern African Federation of Persons with Disability (SAFOD), hence no ethical clearance is required from an authority in Zimbabwe. The research report will be disseminated to participants by providing a hard copy to each person.

3.12.5 Clearance

I did obtain ethics clearance (HREC Ref: 384/2011) from the Faculty of Health Sciences, Human Research Ethics Committee of the University of Cape Town. The study did abide by the Declaration of Helsinki (2008).

3.13 Limitations of and constraints to the study

The study was exploratory and descriptive and the design using thematic analysis was best suited to the study objectives. The thematic analysis offered enlarged freedom to explore and could have potentially provided too wide a scope. Thus, the research aim had to be focused and I had to manage temptations for the research to go in several different directions. The other limitation concerned use of the official language of communication in framing the questions. The English language may have restricted respondents in expressing themselves in their mother tongue during the interview discussions. English is the official language in Zimbabwe and as a result, almost all academic studies are carried out in English.

A further constraint was that I conducted this research within the scope of a larger research programme in partnership with Disabled Women in Africa (DIWA) and Southern African Federation of Persons with Disabilities (SAFOD), whilst being based in South Africa and travelling on scheduled intervals to Zimbabwe to conduct all the interviews and conduct workshop sessions. The investigator had to pay special attention to successfully manage the boundaries between this research study and the larger consultancy assignment.

I do not believe that the challenge in recruiting participants biased the sample because it did not prevent me from gaining meaningful information regarding the experience of a 'non-positional' leader. As each of these women shared their leadership journey they described their initial experiences as members of organisations prior to taking on designated leadership roles. The experiences these 'positional' leaders shared about their membership prior to taking on designated leadership roles resonated with each other.

3.14 Conclusion

I endeavoured in this chapter to make explicit how I went about analysing the data; surface what assumptions informed my analysis; as well as compare and synthesise with other studies on the topic, so as to not impede future researchers' work in the field. Thus I sought to bring clarity to my research process and practice of method. This concludes the methodology chapter. The following chapter deals with the findings of the research.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter presents the profiles of each of the eight participants namely Anchor, Doctor, Energy, Essence, Power, Rose, Sister, Tenacity. The identity of each participant is protected and pseudonyms were used. Each profile follows a similar structure looking at the family, childhood, education, work and leadership experiences of each participant. This chapter then proceeds to exploring the leadership categories and stages of leadership development the eight participants fall into. The three main categories and stages of leadership that emerged from the data namely, (1) Emergent leaders; (2) Intermediate leaders and (3) Experienced leaders.

4.2 Participant Profiles

Table 1, represents the biographical profiles of the participants. A profile, based on self-reported and observational data collected from the interview process, was created for each participant. These profiles, organised in alphabetical order of their pseudonyms, provide a backdrop from which to understand the findings.

Table 1 Biographical profiles of participants

Participant's name	Leadership Level	Age	Impairment		Level of education	Years of experience
1. Anchor	Regional Chairperson	52	Physical	Polio	O level	20
2. Doctor	Coordinator	48	Blind	Visual	Post Tertiary	20
3. Energy	Coordinator	22	Physical	Spina bifida	Tertiary	Under 5
4. Essence	Middle Management	48	Physical	Amputation	Tertiary ¹	5
5. Power	Vice Chairperson	48	Physical	Cerebral Palsy	O level	10
6. Rose	Chairperson	44	Blind	Visual	Post Tertiary	15
7. Sister	Director	44	Physical	Spina bifida	Tertiary	15
8. Tenacity	Chairperson	55	Blind	Visual	O level	15

Post Tertiary level – Advanced degrees

Tertiary level – Professional training after secondary school

O Level – Four years of secondary education

ZJC – Two years of secondary education

The structure of each case study has followed an overview of the participant's family background, childhood, education, work and leadership experience. The main focus in the case study was the exploration of the participant's leadership experiences, thus only providing the family and childhood as contextual background information with education and leadership experience as the foreground. The cases were not equivalent in length as relevance of sections varied across participants.

Each profile is written in the present tense to deal with the tense of the spoken interviews, although data was collected in 2011.

4.2.1 Anchor's Profile

Anchor is fifty-five years old, married and a mother of two adult children.

Family

Originally, they were nine children, five boys and four girls. The firstborn was a boy who died at a young age while crawling, the second and third was also boys. Her mother started lamenting for a baby girl. Her birth delighted her mother who was very taken with her pretty baby girl.

Childhood

Anchor narrates,

At the age of three, tragedy struck my family, there was an outbreak of polio, I got sick, and all my body parts were rendered useless. It was a shock to the family, especially to the mother.

Education

Anchor completed her schooling at a local mainstream school. Anchor holds a Diploma in Human Resource Management (Institute of Commercial Management UK), a School Certificate of Education and Typewriting Advanced from a Polytechnic institution.

She has extensive specialised training in the following areas

- Certificate in Mainstreaming Disability in Development, University in the UK.
- Certificate in Decent Work for Persons with Disabilities

- Certificate in Mainstreaming and empowerment of Disabled people in Southern Africa – Jica Training Centre, Japan
- Leadership Training
- Strategic Planning
- Capacity Building
- Media and Disability
- Training of Trainers.

Work

Anchor was employed as a secretary and receptionist at the National Bank where she worked in different departments for twenty-three years.

Anchor served in various leadership positions with extensive responsibilities listed below:

- Deputy Chairperson, Development and Underrepresented Group
- Disabled Peoples International (DPI) 2007-to date
- Disabled Peoples International World Council Member, representing Africa Region: 2002- to date
- Chairperson Southern Africa Federation of the Disabled (SAFOD): 2002-2007
- Chairperson – Disabled Women in Africa (DIWA) 2004-to date
- Commissioner – National Aids Commission: 2001-2005
- Board Member – Council for the Handicapped: 1998-2000
- Member of the women's guild- Presbyterian Church
- Chairperson of the Technical Advisory Board of Southern Africa Federation of the Disabled Research Project.
- Baseline survey about Violence and sexual abuse among disabled women and girls, SAFOD sponsored a baseline survey in four countries of Southern Africa.
- She provided leadership to Living Conditions Study done in 5 countries in Southern Africa.
- Board member of Equitable Project, Trinity College and a local University partner.
- Member of the Advisory Board of Africa Policy, Disability and Development (AP-ODD)

Leadership Experience

Anchor holds several leadership positions at a national, regional and international DPO level. Her career in the disability movement spans twenty-four years and is respected as a role model by many young women and men in the movement. Her emergence into leadership was at first being the reluctant leader foreign to the disability movement. Her exposure to disability politics started well into her adult life and was at first secluded in her life as a preacher's wife and working in the local bank. She was content to be in the background and not interested in a public life of taking up a formal leadership position. This all changed when she joined a field visit to the remote rural areas of Zimbabwe where she saw the extent of poverty and indignity in which many disabled people lived. She felt compelled to become active and move out of her 'comfort zone.'

The specific leadership challenges Anchor experienced were that disabled women in general do not have confidence in themselves that they are capable. Women would prefer to support a man than a woman no matter how qualified the woman maybe. Even if you may have success stories in your leadership, still you will be undermined just because you are a woman and more so when you are a disabled woman. The Pull Her Down (PHD) syndrome is in full force in Anchor's experience.

Anchor dealt with these challenges by undergoing intensive personal development, which meant she had to build her self-confidence that she can offer leadership. Women leaders in Africa like in many developing countries face barriers due to illiteracy, cultural values, beliefs and lack of self-esteem.

Anchor shares her perspective on the criticism that many women in DPOs are seen as window dressers elected by men, by whom they are controlled and thus undermining real advancement of gender equality in DPOs in Africa. This is so because of the cultural beliefs that undermine women and women feel that they cannot do anything unless men are there. The negative mindset of women in seeking favours from men undermines their capabilities. It is unless women discover themselves that they are equal with men and that they are equally capable as men, they will not allow themselves to be window dressers. One of the secrets that made

her to achieve a lot in her term of leadership is that she rose above being a woman, above the constraints of her gender:

I saw myself as anybody else, I never undermined my capability. I never saw myself as different from the men.

Anchor speaks of her leadership struggle to win the respect, support and legitimacy of fellow disabled women in DPOs. It was not easy, she kept on preaching the need of not undermining each other because of disability or of being a woman with disability, she encouraged them to rise above the gender differences but to see themselves as equal partners. It is interesting to note how Anchor's religious beliefs permeated her leadership tone and style. She felt comfortable with 'preaching' to her followers as her preferred language.

Anchor is deeply concerned in how culture and tradition have impacted negatively on disabled women emerging as leaders. Because of the negative mindset that disabled women are not marriageable, they feel that the only way to be recognised by men in the movement is when they engage themselves into unhealthy relationships and petty gossips in the process they rise to leadership positions without a vision. In so doing they do not contribute positively to the change.

Anchor believes that in order for a disabled woman in Southern Africa to emerge as a leader as compared to a disabled man, she must be self confident, be determined and she needs to be motivated to stay the course, in the face of heavy burdens and challenges to her person and reputation. She believes that patriarchy is alive and well in DPOs and manifests in how disabled women are excluded from the inner circle where major decisions get made and in the recruitment of members in various positions.

Anchor believes in the power of servant leadership and advises disabled women to stay united, not undermine each other and themselves, do away with the spirit of pulling each other down, support each other as it is time for women to discover themselves and rise above different sexes.

Anchor did not want to be associated with the disability movement because she felt that she had better things to do with her life. Because of the nature of her husbands' work as an evangelist, he was usually out in the field for a week or two and during that time she was feeling lonely. In 1990, she made a decision to get involved and called on a friend in the movement to come to Lilongwe so that they could set up a women's wing for Disabled People's Organisation in Malawi (DIPAM). In 1991, she was one of the delegation which went to Bulawayo, Zimbabwe, representing disabled women in her country at regional/international conferences. She started rising from being a mere Malawian representative to Deputy and Chairperson of SAFOD women's committee, then Deputy Chairwoman on the main Regional Executive Council and currently serves as the Disabled People international (DPI) Deputy Chairperson development and Underrepresented Group.

According to Anchor, one key to becoming successful is to admire people who have been successful. Some of the people she admires and who have been a source of encouragement to her are Joni Erickson Tada who despite her disability has achieved a lot in life. She was involved in a diving accident in 1967, which left her a quadriplegic in a wheelchair. She is an internationally known mouth artist, a talented vocalist, a radio host, an author of 17 books and an advocate of disabled people worldwide.

The way she struggled to accept God's design in her paralysis inspired me.

There was a time when she felt that things were not going on well in the disability sector and she became despondent and she made up her mind to quit. Her husband and a few people were a source of encouragement and advised her to keep on. There have been moments when she wanted to quit because of the pressure, intimidation, insults, and slanderous remarks from her fellow disabled people.

Anchor describes her leadership achievements and successes. At the time when she became an activist in disability and development, she was already working for the Bank, she gained and enjoyed respect at all levels, thus proving the adage that disability does not mean inability.

Within a short period after she joined the disability movement at regional (SAFOD) level, she was elected Chairperson of the regional Women's Committee (1994), and SAFOD Deputy Chairperson responsible for Women and Underrepresented Groups (1998). In June 2002 she was elevated to the prestigious position of SAFOD Chairperson (the first time such a position was held by a woman since SAFOD's founding some thirty years ago). She served in this position until 2007. In December 2002 she was appointed World Council Member of Disabled Peoples' International (DPI), a position that she still holds to date; In 2004, she was asked to head in an acting capacity a new network of Women with Disabilities in Africa (DIWA); In 2007, she was elected as Deputy Chairperson for Development and Underrepresented Group for Disabled People's International (DPI) and re-elected 2011 at the Durban DPI Congress.

During Anchor's term of office as SAFOD Chairperson, she made contributions to both FEDOMA and SAFOD, notably the following:

- she initiated several development programmes in SAFOD and its member organisations; Studies on the Living Conditions of People with Disabilities in Malawi, Namibia, Zimbabwe, Zambia and Mozambique;
- area focused training and exchange in Tokyo, Japan, programme (2002 – 2010) on Mainstreaming and Empowerment of SAFOD DPO leaders;
- SAFOD Research Programme (2006 – 2012);
- raised the profile of SAFOD through the appointment of His Excellency, President of Botswana, Festus Mogae, as SAFOD Patron.
- in 2004 she received an award from Malawi Human Rights Commission for championing the promotion of the rights of people with disabilities.
- in 2008 she received a Diversity Leader Award for being an achiever in life despite all odds (being disabled).

Anchor believes that when people with disabilities are given the opportunity, they can make a great contribution towards not only nation building but international social order as well. She contends that people with disabilities can work well beyond their so called disabilities.

Anchor subscribes to the lessons she learnt in her leadership journey. A leader who talks less and listens a lot, a leader who respects other people's views/collective ideas, a leader who is humble and treats all equally. Anchor is clear about the role education played in her leadership journey. She really values education and the exposure it afforded her. Education has played a very significant role in shaping her destiny. She understands global issues; she is able to make informed decisions. She is now independent, read extensively and intends to complete a degree in disability studies.

Anchor's leadership journey spans 25 years, and her growth as a leader was supported, facilitated and enabled by the DPOs she was involved in. She asserts that she has grown as leader by responding to her calling to serve.

4.2.2 Doctor's Profile

Doctor is forty-five years old, single and has no children.

Family and childhood

Her parents rejected her very soon after she became visually impaired at the age of two. They abandoned her to her grandmother's home far away for four years of her childhood. Her parents never wanted their neighbours to know that they had a visually impaired child. Her sisters and brothers were made to believe that she was their grandmother's last born.

Education

Her parents made no efforts to develop her potential for future life. The idea of sending her to school came from their local Lutheran Pastor who knew of a school enrolling visually impaired girls in East Africa.

Whatever success I have so far achieved in my life has derived from friends and good Samaritans.

She started going to school at the age of six. However, her journey to education was problematic and difficult. Her arrival at the school was a great joy and comfort for her because she met other children with whom she shared the same condition. Before

this time, she always thought that she was the only visually impaired person in the world.

It was decided that she should be taken to a mainstream day school alongside sighted children, which was 15 kilometres from her school. On hearing of her case, teachers at the mainstream school were in the first instance reluctant to accept her. However, her teachers did not give up. They continued to put her case, assuring them that she would cope. After long negotiations, they agreed to admit her on a temporary basis for three months to observe her progress. The condition was that if by then she didn't prove capable in an integrated setting, she would be sent back.

As a nine year old girl, I had to face many challenges at this stage, perhaps too many for a girl of that age'.

The new school had 600 pupils, and she was the only one who was visually impaired. In this situation, she became resourceful to make as many friends as possible, knowing that being closer to them she could ask them to read aloud to her.

Her secondary school life up to higher education continued to be hard and challenging. The most serious problem she faced was the inaccessibility of reading materials. There wasn't a single textbook in Braille or on tapes throughout her education in that country. Distance from home to school and vice versa was another major problem she experienced during her secondary school life. The school did not have any arrangements for them being escorted. It was up to them as individuals to organise an escort. She had to travel on her own each time because she could not afford to pay for an escort.

Her resilience manifested as the price of giving up was simply unthinkable. Despite facing all these challenges and many more, she never gave up. Instead, she continued to work hard to the best of her ability. Her strategy for survival was to tolerate whatever situations she found herself in, and to maintain a positive outlook, even when things seemed impossible.

Doctor is an academic and holds a PhD in sociology from an international university, awarded in 2002. Doctor did her first degree in education, and then her Masters in

special education at a British university. She went on to do her PhD in disability and development.

Work

She worked in the Ministry of Education for a few years, and later joined disability programmes in the DPO sector. She worked in the DPO sector for twenty years until today, at both a national level and at a regional level. She worked with a continental organisation as the Executive Director for six years and at present she is with a continental DPO as the programme co-ordinator. Her interests are in the areas of disability and development focusing on gender issues in education, disability, human rights and HIV/AIDS.

The organisation worked nationally with women with vision impairment in 51 African countries and found that the issues of visually impaired women are the same. They were marginalised even within their own organisations grouped along types of disabilities. Doctor's reflection on what this state of affairs meant to her, served as a compelling force to motivate her to take action to try and change the situation. She became more determined to change the status quo in the leadership hierarchy in the organisation and started to ask the 'uncomfortable' questions about why blind women are allowing the marginalisation to happen? Why do partially sighted women and totally blind women experience this artificial grouping along their type of disability? Who benefits from this classification? How is this different for blind and partially sighted men?

Leadership Experience

Doctor believes her path to leadership have been strongly influenced by her early childhood experiences of rejection by her family and the community. She said that she had to learn to become independent at far too early an age. She shared that this reality pushed her into using her access to education as a key means to leadership development.

Education is a weapon to defend myself and education served as both an escape and a way out to a better life.

Doctor's path to leadership is driven by her mission and strong sense of purpose to

increase the access to education for other young blind girls as a way to protect them from the family rejection and a life of hardship.

In Doctor's leadership experience, the core challenge is that disabled women need to empower themselves as women and equip them for leadership. Disabled women need to challenge the old mind-set that some disabled women leaders have, in that they are in leadership positions due to the generosity and mercy of the men in DPOs and have to forever pay homage by agreeing with them on all matters. The failure to toe the line often had dire consequences for disabled women who are trapped in this arrangement. They would often find themselves compromised and stripped from their role and ultimately their position. Doctor passionately asserts, '*disabled women- we need to reorganise ourselves first.*'

Doctor's asserts that her life experience has equipped her with the skills she needed to navigate the cobweb of gender mainstreaming on a personal level. She's learning how to challenge prevailing mind-sets without necessarily losing allies as a woman with disability.

Doctor's experience of the opportunities of mainstreaming disability in the women's movement are that women have historically been denied a voice and are still far from effectively and fully participating on an equal footing with men.

This can be used by disabled women as a common entry point to get mainstream women to listen to them.

She believes disabled women must to build coalitions with mainstream the women's movement and stress that women have the same battle to fight, patriarchy, oppression and exclusion.

A further challenge is the resistance to gender mainstreaming in the DPOs. There appear to be a lack of political will within the DPOs. However, there is also a lukewarm attitude among women leaders. She offers the following example.

Take for instance visually impaired women in Africa. Most of them follow in the steps of their male counterparts. Running for elections, holding the position, and forgetting why she was elected in the first place. Also, in our situation in Africa, many long serving visually impaired women leaders are not challenged because

of the weak membership base at the grassroots level due to high poverty and illiteracy rates.

Doctor is concerned about the gap in the constitutions of many DPO that does not spell out how the governance should include women, thus one does not see women in leadership. Doctor worked with women's committees of the blind, and came up with quite a number of projects on how to empower women in different countries so that they can be part and parcel of the governance structures in their own organisations where they could advocate for education, training and employment.

The Decade for African Women was launched in Nairobi by the African union and the period from 2010 to 2020 was declared as the decade of African women. Doctor feels its imperative to strategise how best to include disabled women in the agenda and programmes as well as to access the recourses that have been earmarked for this African decade of women.

We must speak out and raise our voices so we are part and parcel of the larger women's movement in the African union.

According to Doctor, the status of disabled women in Africa is characterised by a lack of equal access to education. She believes education is the foundation of empowerment and access to claim one's fundamental human rights. Her experiences of the disabling effects of culture and tradition started at her family level. Her family rejected her due to her disability and her gender believing that she had no future and her presence represented a burden for the family.

Doctor contends that if you compare disabled women with disabled men, she feels that disabled men are a little better accepted, better considered as important compared to disabled women due to the patriarchal system, strengthened by stubborn cultural and traditional beliefs and practices.

Therefore the issues of unemployment, family planning, and access to health care are the problems disabled women face.

Doctor feels strongly that even the women's movements and gender responsive organisations have left disabled women behind. Thus the struggle of disabled women

leads to triple discrimination, first in the family, then by women without disability and lastly by disabled and non-disabled men. The mainstream women's movement is not inclusive. Doctor feels society is not including women and particularly women with disability. Therefore mainstreaming of disabled women issues is vital and must be pushed by continental organisations like Disabled Women in Africa (DIWA) and other organisations within the women's disability movement. Including women's wings in many DPOs should really focus how issues of disabled women should be refocused in the mainstream programmes and government policies.

This is where the problem starts, at a family level, the community and then of course even the policy makers and even unfortunately I would even say, even non disabled women have been keen to take on broad issues of disabled women, because they think the issues of disabled women should be the presence of the church or religious or NGO, not the issue of women's movement.

4.2.3 Energy's Profile

Energy is the youngest of the leaders participating in this research study, age twenty-two. She is single and has no children.

Family

Energy's father left them when she was five, and so she grew up a very hard working young lady because they used to work for other people. From the money earned, they made joint decisions on how to use it. This later inspired her to study banking. Her mother was somebody who was able to consult regardless of your age. Her mother would say:

We have ten dollars, what do you think we should use it for? Do you have any problems that we should take care of? It is working very well I have never had problems with my family.

Energy believes her assertiveness was visible in her character and personality from an early age. She believes that because of her background in an African setup especially in a rural area, when you don't have a father, the people around you will always want to manipulate and use you. Even her mother succumbed to that, saying the uncle says that, the uncle says this. When she was still staying with her mother, she used to say,

I know my father is not here but this will not do, even if I got a beating. So I think I grew up with it, of course it was also beefed up with training, but there was something in me.

Energy gave herself time to learn from others. She displays great maturity in spite of her youth born out of life experiences. Often when one is young, you are in a hurry, you are impatient, and this struck me about Energy.

When she moved from living with her mother to her aunt, they would think that she was not capable. She spent four years not knowing how to cook or how to do other things. She would take that opportunity to sweep or cook when they were not home even if it was not good enough to eat. They did not have much time for Energy, even her mother was not focused upon her. Energy learnt from others how they do things. She learnt most through observation.

Childhood

Energy became disabled at age twelve, not knowing the condition that caused her disability. She was in denial and did not accept her disability.

Education

Energy learnt to cope with her disability by focusing on completing her schooling as a way of educating herself. She stopped living with her mother at the age of 12 because she had to change schools, to where there were schools closer.

Energy followed a B. Com. (Honours) university degree in Banking. She was in her final year of studies at the time of this study. Energy has the following skills and attributes:

- good analytical, financial, and operational thinking ability.
- good planning, organising, communication and reporting skills.
- objective driven, initiative and work well under pressure.
- responsible, trustworthy, and strives for excellence.

Work

Energy worked at a Housing Finance Corporation, as a student trainee for two years with the following duties:

- operate cash registers and balance cash receipts.
- updating cash book and reconcile with bank statements
- clients financial registration and keep track of their contributions and credits.
- prepare budgets for programmes and projects.
- scrutinise the general ledger monthly, prepare journals and compile financial legislative reports.
- verify processed data and make corrections before collating and submitting the documents to superiors.

Energy held the following formal employment positions:

1. Zimbabwe DPO (2007-2009): Position: Assistant finance administrator
2. High School – 2007: Position: Accounts Teacher
3. Zimbabwe DPO–part time–2007: Position: Enumerator for Baseline and Transitional development indicators surveys.

In addition she has work experience in the following areas:

- Resource Mobilisation
- Gender and HIV / AIDS policy development
- Female Condoms and treatment literacy training of HIV / AIDS
- Inter-linkages between gender based violence, HIV / AIDS and Women's Rights

Leadership Experience

During Energy's first year at university, she met members from a woman with disabilities only DPO who invited her when they were going on conduct an outreach initiative. Energy was surprised by this invitation, as she never identified herself as disabled, and did not before spend time in the company of disabled people.

Energy was hoping that one of these days she will wakeup walking and continue with life as a sportswoman, right where she left off. The intervention came from the

organisation to sit her down and explain to her how disability works and what a life of possibility holds, if she is prepared to step into it and define her life moving forward.

Energy's leadership journey started when she joined ZWIDE. She started like any other member attending workshops but because she always made herself available due to the flexibility of being a student. She was very dedicated to the various assignments and ensured she was always well prepared. She learnt quickly and became familiar how to manage herself as the minority at these gatherings of women in the mainstream.

She recall how nervous, she was her first time she presented at a national workshop. This was a defining moment in her leadership development. She summoned all the courage and confidence she mustered and too to the national scene. Since then at the age of twenty-two, she used every opportunity for exposure to build her capacity for leadership.

There was a lot of rigidity of the rules at her University. Accessibility was bad, the lifts are not working, no ramps, so Energy took a stand. She successfully after much difficulty challenged her university administration to become more aware of her physical needs. The organisation for disabled women ZWIDE has done something important, by empowering me her Energy to take future stands with greater confidence and support.

Energy advocates that leaders share power for productive outcomes. She believes that successful outcomes are best delivered through the shared power, which reside within teams of people. She rebels against any form of command and control philosophy to leadership within the disability movement and elsewhere.

Energy finds that a women's-only organisation within the disability movement provides a much-needed sanctuary from the general pattern of male dominated leadership structures across the disability movement in Zimbabwe and across the world. She is very concerned about how disabled women often get manipulated by the powerful men in these organisations and the result is often that the women are ineffective in their jobs, either because they do not have the right skill set for the job

at hand, and thus can be considered having been set up to fail from the beginning and to keep disabled women entrapped in these mediocre roles by the system that favours male superiority. She believes that there is no chance of this happening in a women's-only organisation.

About the experiences of young women in the disability movement Energy contends that, the environment is very tense. It needs somebody who is extraordinary, who actually gives themselves time to analyse the situation and come up with an approach. In disability movement especially in her country Zimbabwe, she believes there is a lot of bickering and backstabbing. For the youth interested to engage in politics, but generally find that most disabled people's participation in politics are limited. The youth are often seen as threat to the others already in positions, or those aspiring to wait their turn. She urges for a new strategy to mobilise members in the disability movement to invigorate it with competent leaders.

Energy found the statement '*We are all Women, We all the same....*' used as a common refrain as a way of silencing new ideas and dissenting voices. She has experience of often being the lone voice, trying to push for change. She has been crushed by the older voices drowning her out, blamed her youth for her immaturity and inexperience in the way things are done. Energy found that when she is among a group of non disabled women, the denial of her disability as a differentiator is not tolerated and a vehement support emerges from among the group to let her know that 'we are all women, we are all the same' I wonder about what this means and what is at stake in this scenario? What is the fear factor possibly at play, to face the reality of the other and suspending the comfort of same-ness? What gets in the way of solidarity?

Energy's greatest moments were her presentations which she delivered at a women's day event during the 16 days of activism, when she talked about women with disability being part of the equation for success. She received a lot of positive responses and was happy with that because it was her first public presentation. From there she had opportunities to represent her organisation at the National Non

Governmental organisation in Zimbabwe and the United Nations (UN) symposium for donors and beneficiaries. Recently she was asked to represent the women in the woman's summit with the Vice President. Energy found it exciting to be the youngest taking up these spaces.

Energy's considers her future, whilst thinking about doing her master's degree outside of the country. She is making plans to reapply for the Presidential Scholarship and she is optimistic that she will make it. She wants to study Development Finance. She worked with NGO's and found that their financial positions, mechanisms and systems still need a lot of upgrading.

I think I have had enough of Zimbabwean education for now.

Energy's plans for the immediate future as an agent of change is to hold NGOs accountable in how they manage donor funding,

I am going to concentrate much on how the finances are supposed to be used to benefit the right person at the right time and doing the right thing.

4.2.4 Essence's Profile

Essence is fifty-two years old, married and has four adult children, all educated to university level.

Family

She believed that perseverance and belief in a better life is possible:

As a disabled woman, I used to strive for my family, even with one hand, I used to knit wool clothing, to educate my 4 children. I was travelling to Botswana to order goods for resell so that to get money. As I stated before, during my childhood I was not educated, but with the help of my husband; I started my primary education at Primary School where there was an Adult literacy School and completed up to the Secondary level. I passed 6 subjects and worked at the Federation as an Office Orderly. I furthered my professional studies and got promoted up to now'.

Her road to success was based on the lessons she learnt in her hard life from a young age that she had to set goals and put them into motion with a plan to achieve

those goals, and she never gave up on her mission to create a better life for herself and her family.

Essence lives her life by a strong conviction and she says,

Wake up and correct your steps to reach your destination. On top of that, be confident and honest about yourself. Accommodate all people around you no matter their culture and attitudes and to listen and learn from others ideas.

Childhood

Essence was born on 27 March 1964 in the rural areas of Zimbabwe. Her parents divorced when she was still young. They were left in the custody of their father. In 1975, her father married another woman that is when the problem started.

In 1979, there was about to be a cease-fire; the freedom fighters gathered many people shouting slogans and she was inside a big house; she heard the shootings outside the gate and about 40 people died.

As I was young and those shots fell on me. After all the noise and shootings, I woke up thinking that they have gone; little did I know that the soldiers were still there. They ordered me to go outside and lay with the dead people, without any arguments I went there and laid looking down that's when the soldiers shot me and I lost my left arm.

Education

They were not given a chance to go to school. Essence ended in Grade 5. There was no one to attend to the children's problems as her father was working far away from home. When she was thirteen she was given to her aunt's husband, as this man was promising her father a lot of cows. Essence ran away to her grandmother to seek refuge. She enjoyed staying there, but no one bothered to send her back to school.

Her philosophy about life is that you will not get anywhere in life without a good education. She believes education is a means of self-protection against hostilities she faced as a young girl. This philosophy permeates her life story.

Essence was doing information Technology after work at private colleges, having difficulties in balancing family, work and school time. She was struggling with fees for

herself and the family, but finally passed and got promoted to the position she now occupies as Information Assistant.

Essence believes that the society could not approve seeing her educated. Society saw it as wasting of time and money but she overcame all that negativity. She conquered these challenges, by changing her weaknesses to be strengths and maintained her professional education to become a recognised person in the society.

She believes the barriers to gender equality are poor access to information, lack of education and gender rights increases the vulnerability disabled women face.

Disabled women did not get enough education because of inaccessibility schools, walking long distances, lack of assistive devices; parents thought there were wasting their time and money to educate a disabled child, teachers not qualified to teach sign language or Braille, and discrimination was compounded by the isolation and indignity most disabled women suffer. All these things are barriers, which contribute to underdevelopment of disabled women.

It appears that Essence's leadership development was shaped by her resilience and belief in education as a means towards a better life free from abuse, abandonment and protection against systemic violence as a woman with a disability.

Essence believes that education brought clarity in her life, and family, her mind was opened and with her capabilities she could change the lives of many disabled women. It made her discover her potential and power to participate in decision making at work and emerged into leadership.

Work

Essence is the head of Information Management at a major regional DPO and has held this position for the past five years.

Leadership Experience

Essence got her leadership exposure by extensive travels to DPOs in African countries and learnt their lifestyles and way of thinking through workshops and got ideas about how they overcame some of the challenges they face as disabled

women. Her education was expanded and she discovered many perspectives about gender rights that she was not previously exposed to.

Essence's leadership experience of the culture and tradition on how women in Africa are seen as objects rather than people, women are not allowed to air their views especially when talking to men.

In Africa a woman must always be a housewife listen to men and agree what men tells her to do. Culturally, a woman belongs to the house does the washing, cooking and bears children. In other cultures, women are supposed to kneel down when giving a men food.

Essence relates an example of superstition. People with Albinism are not supposed to be seen by a pregnant person in case it happens she should spit saliva on her tummy. These negative beliefs and practices affect women because if they aim higher they are always brought down by this tradition. She quotes a further example,

A woman would be forced to look after the family even if there are pressing issues at work, and men would just wait for the mother who would be exhausted.

She believes culture plays a big part in reducing the role of disabled women in social, parental, economic and developmental activities. Some cultural influences are more negative. Essence asserts that in her context the role of women is limited to bearing children, taking care of the house and husband, not to be educated or working for a living, even women with qualifications are not employed meaning that they would remain in poverty.

I think in Southern Africa if not the whole Africa disabled women have no significant place in society. A disabled woman is not considered a suitable mother, wife or employee, much less a leader. Women in general are discriminated against but for disabled woman, the prejudice is compounded.

She talks of the inconsistencies in how women and men access leadership. Essence's experience of leadership in DPOs paints a dim picture. She states the following

Men are on top because of women, and those women on top are pushed by men to do some of the things, the man will be promising good future for her if she only takes his advises and on the other hand dividing women so that they hate each other. Even if there is a vote they cannot vote for another woman.'

Leadership comes gradually only if a woman is well educated and experienced, but as for men it takes a short time. He can be a leader even there is a woman more educated than him. Women usually choose men to lead them.

She believes that disabled women are jealous of each other and they don't support each other - they pull each other down. This is part of a chronic trend in the disability movement where people are competing for limited and scarce resources, like opportunity and the chance to be recognised in an otherwise invisible world. Essence's experience also speak of a trend where men in the disability movement generally believe that women cannot be good leaders, informed often by their cultural and traditional perspectives. The trend is that men at all levels of the organisation continue to dominate and think for women.

We are not really in control of even the women's programmes.

Essence encourages women to be united, have courage, help/advise each other, share ideas, get education no matter the age or the situation and have confidence. She advises that women should show their capacity and it is their duty to come up with activities at national level, instead of waiting for men. She also encourages young disabled women to become leaders at an early stage so that they can fight for their rights. Disabled women often lack confidence and self-esteem.

Most of us did not have the opportunity to do basic education. I would also like to encourage women and girls with disabilities to be their own spokesperson where possible.

She wants to build the capacity of women's wings and organisations of disabled women so that they are able to effectively address issues of disabled women. She wants to create a spirit that together they can give each other some ideas, strengthening and increasing the involvement of women within the organisational structures at local, national and regional level. Essence argues passionately that there is a dire need to strengthen disabled women in Southern Africa. Specifically, to awake and discover their potential and power in order to change the structural conditions of under-development and poverty affecting the disabled women.

Essence celebrates her success as a woman, professional, leader and mother and by saying:

I became a successful leader because I attended many courses and realized the importance of education. I have managed to teach my children to degree level, built a house which is fully furnished, and one of my daughters got married last year. As for my life story, I overcame many difficult situations, there is a lot I can tell but it can be a thick book.

4.2.5 Power's Profile

Power is forty-seven year old, single and has no children.

Family

In the rural village she talks of how alone she felt and isolated as a woman with a disability. No organised structures existed there and her world was very insular. She referred to herself as a young lonely girl that was alone in her world.

Childhood

Power was born with her impairment of cerebral palsy. She described her childhood as being all alone and was not in contact with any other disabled people. She was raised by her grandmother in a rural village and has no memory of her parents. She has no siblings.

Education

She completed her primary and secondary schooling in a rural village.

As a young woman of twenty-three years old she moved from a small town, some 200 km outside of Bulawayo to start her secretarial certificate training. Power completed a secretarial diploma and worked in the private sector.

Work

Power is the vice president of the largest DPO in Zimbabwe. She has held this position since 2003. Power joined the DPO in 1986. Power also holds the position of national chairperson for the women's programme in the DPO since 2007. Power holds a fulltime job where she works in a cold storage company as the secretary to the director and has been an active advocate to sensitise the company of disability.

She gained the support from her boss to attend to her leadership responsibilities in the disability movement in Zimbabwe.

Leadership Experience

Power is the vice president of the National Council. She held this position since 2003. Power joined the council in 1986. Power also holds the position of national chairperson for the women's programme in the national council (since 2007).

Power asserts her own definition of a true leader and the standard she holds herself to

is not to be ridiculed, to know what you are doing at all times. That you stand for the cause and are a servant leader. To be a good listener, to delegate, to be humble to consult with her colleagues and to ensure she makes every members of the committee feel that they are contributing.

When she met up with other young disabled women like her in Bulawayo at the training college, they asked her if she would be interested in joining them to attend a meeting of disabled women. Power immediately, without hesitation accepted their invitation and with great enthusiasm attended her first meeting. This was her way out of her 'aloneness'. She found an organisation, a place that she can belong to. She was home. She then formally joined the Bulawayo branch of the national council and at this time the secretary was absent and not available to attend to her duties in the national council. Power immediately spotted the opportunity and volunteered to serve as the acting secretary as she has a great love for reading and writing. Later on the members elected her as the chairperson for the women's group. Not long thereafter at the congress she was elected as the chairperson for the Bulawayo branch. At the branch chairperson she then became a member of the national women's committee. At the 2003 Congress she was elected to serve as the vice president for gender.

Power reflects that before she would keep quiet and not open her mouth and blend into the background. Now all this has changed, she is now empowered, feels strong and is grateful that she became the leader that she is because of the belief other women with disabilities have in her.

Power reports of further challenges in how disabled women are often held back by the pressures of their husbands or the male figures in their lives. This manifests in the way that although women with disabilities stand for elections and get elected to positions, when they go home and share the news, they get actively discouraged by their husbands admonishing them that they are neglecting their families' wellbeing and the husbands will not tolerate their absence from attending to their household responsibilities in favour of the organisation. The consequence is then that the women just disappear.

Power, is not allowing herself to be caught up in this dynamic, as she is a proud and fiercely independent woman with a disability. She prides herself as being the leader of her own life and she *'makes her own decisions and suffers the consequences.'* She says that she does not need the permission of any man to validate her choices on how she conducts her life. She believes that her ability to be financially independent facilitates this. However, for women without financial independence, this is hard and doubly so for women with disabilities.

Power believes in the dual strategy of educating women with disabilities about their rights in order to empower themselves and simultaneously to educate and sensitise the men in their lives by encouraging the men to attend the branch meetings with the women as a way to be exposed and create the conditions to be influenced towards gender equality. Power also recalls that it is mostly women that attend meetings and very few men if at all attend branch meetings.

Power's proudest achievements are firstly when she was elected as branch chairperson of the women's group. What this meant for her was that her peers whom she held in high regard placed their confidence in her to entrust her with this awesome responsibility. This in turn allowed Power to recognise her own confidence and stepped into her power. Power recalls that back when she joined as a new member it was so strengthening for her to emerge from her isolation to feel a strong bond with other *'young girls like me'*. She felt that she was strengthened by the mutual encouragement of each other and to firstly accept her disability and make the choice that she has a full life to lead. This served as a support group where all of them drew great strength from and developed their capacity to stand on their own. All

these factors together supported Power in strengthening herself and to take up the leadership that she was called to.

In particular, her special achievements are that under her leadership she introduced the practice of networking in order for the organisation to grow through building beneficial partnerships where they got training in different skills. The group's capacity as entrepreneurs was starting to take root. In addition Power also introduced a burial assistance fund that was started by the women that operated as a savings club and when any member was bereaved they could access their savings.

The national council is led by two powerful women with disabilities. The president and Power as the vice president for women make a formidable team. Power feels especially proud that the women's programme in the national council produced the national leader. This is no mean feat in a male dominated culture in DPOs. I enquired how the national council, or more specifically the women's programme went about producing the national leader and what strategies they employed to achieve this remarkable result, in a heavily contested DPO male--dominated culture.

Power believes the strategy that created this result was the many capacity-building initiatives they hosted as well as the exposure that came with attending these workshops. The strategy they used was to prepare leaders from within the women's programme who displayed the passion, commitment and independent thinking. Thus they were developing women who were not needing a man to 'pull your strings' and make decisions for them, be that within the DPO or at home and determination to make a contribution to advancing the cause of gender equality for women with disabilities in Zimbabwe. The women who were relentless at showing up meeting after meeting and finding ways to build a disability movement that implements gender equality was rewarded with investment in their leadership development.

The challenge Power experienced in exercising her leadership was mainly the acute funding constraints the national council found itself in. For the past seven years the council had not been able to employ a full time director to co-ordinate programmes and drive fund raising efforts. This was exacerbated by the national political crisis the country was in and donors pulled out, causing an instant cessation to all programme

activities. Power tried to cope as best she could under these conditions and improvised with using the company's telephone as well as her own to stay in contact with her committee members in addition to using the odd infrequent opportunity when some of them meet up at other leadership engagements. The impact of this situation caused the council to lose its vibrancy, as a once well-resourced organisation, well loved and respected by its members and the community as a leader in the disability movement. The impact was particularly felt in the rural areas where no communication became possible due to poor infrastructure and women's groups there became defunct.

This situation also posed a special challenge for the credibility of the elected leadership. The last congress was in 2007 and for the last four years no electing congress has been held due to funding constraints. This then leads to the leadership operating effectively with a stale mandate and feeling disconnected from their members. These conditions present a breeding ground for dissent and disaffection with the leaders who cannot speak with the same confidence they used to have.

Power speaks of the need for a paradigm shift to occur in how DPOs think about income generating projects. She believes that feasibility studies, market research and expert advice must be sought to inform the different programmatic choices funders and DPOs often embark on in order for the DPO to be sustainable and be able to impact on the lives of the women with disabilities. Some women with disabilities are doing well with their micro poultry farming initiatives, in that it is enough to provide for daily subsistence in the home.

4.2 6 Rose's Profile

Rose is forty-six years old, single and has no children.

Family

She comes from the Midlands in Zimbabwe and they flew her to a major hospital, maybe it was too late, she started losing her sight. With glaucoma it doesn't go there

and then, it never improves it keeps on deteriorating. Her mother had to spent most of the time in the rural area, looking after the rural homestead.

Childhood

Rose was the only girl, third in a family of six. She was the only one who was visually impaired and lost her sight at age five.

Education

Because of her disability, she had to be taken to a school very far from her father. Initially her father would try to do something, for pre-school education. Later on, Rose had to be taken to a boarding school, which was a special school for the blind. The school refused to enrol her, saying she was too young so she went back home. The following year her father tried again, because he was working in birth and death registration. He changed her birth certificate to allow her acceptance at the school. After her primary education, her father ensured she enrolled at an integrated centre, where she would have a resource unit to support visually impaired students in the mainstream classroom.

She started university and unfortunately at that time her father passed away. She became responsible for supporting her brother who was still in secondary school using funds from her bursary money meant for books and learning material.

Work

Rose's induction into the disability movement came after she qualified as a teacher and transferred to Bulawayo where she at first attended a meeting to represent the interests of disabled students at her school. Since then she has become an active and veteran member of the disability movement in Zimbabwe and on the continent. At first she took on added responsibilities to serve as the secretary, to write reports, and to represent the organisation on different forums. Her strong work ethic and consistent performance gained her the confidence of many followers and supporters.

Leadership Experience

Rose speaks of her leadership battles and how she survived the hostilities, and lived to reflect on the lessons learnt. Rose knows well the tension she battles with, when to fight and go all out on an issue and when to step back and consider alternative approaches in order to offer a contribution. She depends on the support she needs as a leader, and knows that she needs to have other people around her as a means of protecting herself as well as a means for guidance from allies and confidantes.

Rose states that the major challenge facing disabled women in Africa is access to education, it plays an important role, also accessing information if you are visually impaired.

I had to train myself, the training doesn't come like the way you would want it to. Much later when maybe you would be leading both men and women, they would ask why a women?

An issue Rose struggled with if you are younger than others you are expected to show respect to elders, and if there is something you don't agree with it is quite a challenge to try and explain and give your own opinion, sometimes it is misconstrued as lack of respect. Rose believes the culture in DPOs in Africa is all reinforcing a patriarchal system. Rose knows of the price women pay for stepping out and challenging the status quo. Women are expected to be supportive of men leading, so the moment a woman is leading, be it at a school or a church or any organisation, it is sometimes very difficult for people to take her for what she stands for. Sometimes you want to go against the tradition and they don't take that very lightly, sometimes you might even get your character defamed.

Rose supports the agenda driven by donors to accelerate gender equality in the disability movement. She discovered especially in the Zimbabwean scenario and in the SADC region, sometimes people will just bring in women whom they know don't have the leadership qualities but because they want to give the impression they are gender sensitive and thereby retain the status quo. Rose argues that in order to deal with these tactics, the women need to have their own structures and to be held accountable by the constituency of disabled women. In women's-only structures it is

believed that disabled women would be more likely to achieve success and expand the pool of role models to aspire for leadership.

4.2.7 Sister's Profile

Sister is forty-four years old, married and has three young children.

Family

Sister comes from a large family, and is the eldest daughter. She grew up in the rural outskirts of Harare.

Childhood

She had her disability since birth and grew up in a home with love and support. Her parents did not treat her any different from her siblings and encouraged her to live a full life.

Education

She completed her schooling at a mainstream school and went on to complete a university degree in business administration.

Work

Sister joined the disability movement in 1994 and served on a DPO board. She also worked in different organisations at management level and from 1996 to date she has held different positions in the disability movement and in the corporate world. She belonged to many organisations and played an active role as chairperson and in another DPO where she served as the national secretary. Sister displayed a huge appetite to participate in a wide range of interests and across all, to take active leadership seriously. I wondered how she managed to keep all these important responsibilities in check and not allow it to potentially distract her from her primary job. She assured me that there is no conflict and she attends to it with focus, discipline and balance.

Leadership Experience

Sister had a very lucrative career in the corporate sector and left it to respond to her need to serve others. She made huge sacrifices and from January 2009, she was working voluntarily in the disability movement. She feels especially proud that by November of 2009 she had brokered a deal with a donor for a contract for 3 years paying for salaries, administration and programmes. The projects are still running.

Sister enjoys a full plate of activity filled with projects and prides herself in coping with how busy and taxing it can be yet she would not run away from the challenges. In effect, it appears as if she is running toward the challenges. The challenges are always there. She has learnt something about herself, reflecting on her leadership: she does not take it all on herself, on the board there are other people, she delegates. She asserts herself and knows that her ability to effectively delegate has really helped her to deal with challenges at times.

In a rare finding across the experiences of women in the study, Sister talks of how she appreciated that the disability movement has confidence in women. The top three positions are elected positions, and for people to elect you means that they have confidence in you. Sister feels they also believe in her, because she has demonstrated the kind of leadership they want. She thinks of herself as honest and always speaks to the point. She confronts issues in a diplomatic way, and builds consensus in order to move forward.

Mainstreaming disability into the broader women's movement has been a challenge, Sister reflects on her experience. She belong an umbrella organisation in the mainstream,

but sometimes they use us for window dressing, just so that they can say we also work with disabled people.

When there are issues, for example where a disabled child was raped and the DPO sought support and solidarity from the mainstream women' organisation. the women's organisation did not really take the matter seriously. A second similar example is of a woman from the disability movement who was stabbed or battered.

When it comes to disability it will be blacked out and the women's movement seem not to demonstrate interest, nor outrage. Sister believes it is necessary to belong to these organisations, and there are certain benefits but disabled women need to extract maximum benefit and influence the ideology of these mainstream structures, themselves to make it more inclusive.

Sister argues that in order to increase the voice of disabled women, DPOs and women's structures within DPOs should increase the impact of awareness raising interventions. In addition disabled women must be encouraged and actively prepared to take up leadership. A key site of struggle within the DPOs is the area of inclusive gender based policies. Sister is quick to state that policy change is essential, but by itself, not sufficient to change the status quo. Disabled women and the youth must be mobilised through intensive training to actively change the status quo.

Sister speaks of her main achievements in her different roles and feels she had significant impact in the turnaround of the women's organisation. When she joined as chairperson it has been an organisation with many challenges. The governance issues and the financial issues were not properly handled, and she had to make sure that the organisation survived and upholds its credibility. She worked around the clock and managed to put things right and return the organisation to good health.

Sister went about putting things straight. The problems were mostly in the management of the organisation. She had the support of the disability movement to fix the mess. They had to change management, in order to uphold transparency and accountability.

It was not an easy thing because in these organisations when people get there, they think they can't be moved.

4.2 8 Tenacity's Profile

Tenacity is fifty-six years of age, divorced and has three adult children.

Family

She became blind at the age of 23. At this stage she was already married and a mother of three children.

Childhood

Tenacity had what she called a pretty normal childhood, not dissimilar to other children in their rural village. She comes from a family of eight siblings, she being the middle child.

Education

She completed her primary schooling and was not sent to further her schooling due to her family not able to afford the transport to the nearest school some 150 km away.

Work

Tenacity is the chairperson and founder member of the DPO for disabled women-only in Zimbabwe. She has held this position since inception in 1998. She was continuously re-elected to leadership due to her experience and effectiveness in mobilising disabled women to empower themselves due to her extensive international travels and exposure as a multiyear world sporting champion. Her journey to becoming a world champion started when she became blind and was trained as a switchboard operator. She was among three women invited from work to try out bowling and to see if it might interest them. Tenacity was instantly hooked and fell in love with the sport. The sport offered her an opportunity into avenues of her life previously unexplored. In 1986, she became the world champion for the first time,

I was in top form and could successfully compete and win sighted players as well as white guys that had played the sport for a long time.

Leadership Experience

The compelling force that pulled Tenacity into leadership was the exclusion of women in leadership in most DPOs. She believes based on her leadership experience that the DPOs are male-dominated and patriarchy is entrenched in the way the DPOs are run. This is manifested in the absence of women in key leadership positions and their absence from decision-making about their own lives and future. Because of her extensive travels internationally, she became aware of the progress disabled women are making in other countries compared to the stagnation and exclusion she saw at home. The benefits of being a world champion several times over increased her confidence to offer bold and decisive leadership.

She has continuously been re-elected to leadership due to her experience and effectiveness in mobilising disabled women to empower themselves as well as due to her extensive international travels and exposure as a multiyear world bowling champion.

She is actively leading the organisation with a very entrepreneurial spirit. In the current leadership committee heading up the organisation, she as chairperson together with the treasurer are the two longest serving members, with the rest of the committee all being new entrants into leadership. The organisation runs several different empowerment programmes consisting of political, economic, social, HIV Aids and agricultural projects. The essence of the organisation's mission is inclusiveness to realise disabled women's empowerment.

The organisation's functioning has been severely impacted by the political crisis in Zimbabwe over this past decade and the economic meltdown that followed as a direct consequence. Funders withdrew from the country and nationally the National Aids Council funded the HIV Aids programme for five years prior, but it came to an abrupt halt four years ago. The organisation thus had no funding for any of its programmes and operations. This has led to Tenacity and the organisation demonstrating their collective resilience and becoming very creative and entrepreneurial in ways to get their outreach initiatives going ahead. Specifically, they have used international research students in a win-win partnership to provide

transport for the committee to travel along to branches in very dispersed geographic locations, in far flung rural areas where most of its estimated five hundred members are.

The challenge Tenacity and her members experience to their active participation is male domination. She decided to start a disabled women's-only organisation in order to address the issues of women, for women by women. Tenacity believes that '*men will leave you behind and promote their own interest*'. She has experienced many men in leadership in DPOs in Zimbabwe who pay lip service to gender equality and pretend to consult women and to include them, when it is opportunistic in the presence of the donors, the media and popular platforms. While the actions of men in DPOs remain contrary to advancing gender equality, Tenacity asserts that it is therefore very important to have the quota of fifty/fifty gender representation in DPO leadership structures.

Culture continues to serve as a major challenge for women in general and disabled women in particular where disabled women are classified as perpetual minors, treated like children and have no autonomy and have no voice.

Our culture demands that women respect men and men do not at all have to respect women. We now live in a 'democratic' order and we all equal and disabled women must stand up and claim their rights.

Disabled women need support in becoming effective leaders. Tenacity believes the interventions required to realise more strong leaders is to collaborate on leadership capacity building initiatives, education and advocacy to sensitise communities, men, government and key institutions including the media and society at large.

She exercised leadership on the encouragement of her fellow disabled female colleagues who shared her frustration with the status quo in DPOs. They chose her as their leader. Tenacity positioned the organisation to actively create opportunities, where it did not seem obvious. Where members would engage in entrepreneurial commercial activities, buying cloth and selling the garments or other artefacts, as well as offering their labour in tilling the land of farmers and in exchange sell the sour milk on the open market. The organisation encourages and expects their members to send their children to school - especially advocating for sending disabled girls to

school, as nothing is as empowering as an education. Under Tenacity's leadership, dynamic partnerships have been entered into with a range of organisations that support the cause of women's empowerment. In particular the organisation partnered with the Women's Lawyers Association in order to educate women about their rights.

The impact of Tenacity's leadership on many disabled women's lives manifested in the following ways: In her own community, she is now recognised as a highly respected member of the community who asserts her rights to be consulted and contribute actively to the affairs of the local community. In addition, she successfully intervened with the strength of her reputation as a formidable woman leader, when a local hospital discriminated against one of its members. An albino woman was applying for an administrative job in the hospital and they rejected her application due to her disability. Tenacity conceptualised the campaign and met with the hospital administrator to set the matter right. The albino woman has now been employed in the position for four years.

Another example was seen seven years ago when a young disabled teacher was experiencing discrimination in the way the education department was dealing with her allocation to schools. She repeatedly explained why it did not work for her to be deployed to a far rural school, whilst her disability management required regular health support and the infrastructure is simply not available in the geographic areas she was assigned. The department of education seemingly refused to hear her objections and ZWIDE intervened successfully on her behalf, using their legal resources accessed through the partnership with the lawyers association.

This section concludes an outline of all eight participant profiles. The following section sets out to explain their leadership development process by using a leadership development framework consisting of the three main stages I noted in the introduction above.

4.3 Overarching Focus: Leadership Development

The participants described their transition to leadership roles and the ways in which they understand the constituents of leadership. Similarities also arose in their definition of leadership and feelings about their contributions as leaders. Where they were in their leadership experience contributed to how they defined leadership, the role a leader should have in group dynamics and the advancement of development goals favouring women and men equally. From an inductive thematic data analysis three leadership experiences surfaced, namely, emerging, intermediate, and experienced leadership. It was particularly interesting to hear the ways in which the emerging leader's experiences resonated with the experiences of both the intermediate and the experienced leaders in the ways they described their leadership development. Table 2 provides an overview of each leadership category, including the category into which I placed the participants.

Table 2 Pathways to Leadership Development

Themes	View of Leadership	Influences	Skills Gained	Participants
1. Pre-DPO Involvement	There is an able-bodied person in charge	<ul style="list-style-type: none"> • First involvement experiences usually at the suggestion of another woman with a disability, teacher, or pastor • Received affirmation from other women with disabilities • Engaged in groups to form friends 	<ul style="list-style-type: none"> • First responsibilities • Built self-confidence • Learned what it means to be part of a group 	
2. Emerging Leaders	<ul style="list-style-type: none"> • External to self • Leadership is positional • a leader is in charge and possesses certain characteristics 	<ul style="list-style-type: none"> • Seek connection with role models • and a community of likeminded people • Older peers/activists recognise skills and recommend organisations and positions 	Begin building leadership skills through programmes, activities, organisations, training opportunities	<ul style="list-style-type: none"> • Essence • Energy
3. Intermediate Leaders	<ul style="list-style-type: none"> • Moving from leader-centric view of leadership to leadership as a process 	<ul style="list-style-type: none"> • Team of peers and mentors • Leaders facilitate goal accomplishment and shared responsibility • they involve others 	<ul style="list-style-type: none"> • Involved in many experiences • Learn about teamwork • enjoy the process of working with others to achieve 	<ul style="list-style-type: none"> • Power • Rose • Sister • Tenacity

Themes	View of Leadership	Influences	Skills Gained	Participants
		in the process	goals <ul style="list-style-type: none"> • Leadership skills learned 	
4. Experienced Leaders	<ul style="list-style-type: none"> • I am a leader, a leader is a part of who I am • Anybody can learn how to be a leader • Leadership is a process in which we all achieve goals and grow 	<ul style="list-style-type: none"> • Activism and service important, making the world a better place • Involvement connected to personal values and ethics • Desire to empower others • Desire to leave a legacy 	<ul style="list-style-type: none"> • Commitment to cause or organisation and the people who are involved • Beginning to mentor emerging leaders • Confidence in leadership abilities • Ability to work with diverse others across contexts 	<ul style="list-style-type: none"> • Anchor • Doctor

I outline the emerging leaders category of leaders as a sub theme under the first theme of leadership development.

4.3.1 Emerging Leaders

The emerging leader's main motivation for involvement in the DPO was social. They emphasised having a sense of connection with women like them and disabled women they wanted to be like and finding a community of likeminded people. This allowed an escape from their isolation and exclusion due to their disability in their homes and communities. While their motivation was mainly social, it was still important for them to be involved in activities with others who cared about making a difference in their own lives and the lives of other disabled women. At this entry point in their involvement in the DPO, they talked about peers and the role models, mainly older peers and activists who influenced them to get involved. They viewed leadership as leader-centred and positional and believed a leader should possess certain characteristics. The emerging leaders were involved, but limited their description of themselves as leaders, to being a new leader in the DPO context and still having a lot to learn. The distinction they made was largely informed by the number of years they had since joining the DPO and saw themselves as still fairly junior or 'new' in comparison to other disabled women who served for longer in positions of leadership. However, once involved they quickly took on more and more leadership roles.

The skills set gained during the emerging leader development stage included taking on first responsibilities, building self-confidence and learning what it means to be part of a group. In addition, leaders in this stage of their leadership development process also began to building leadership skills through programmes, activities, being involved in the organisation and training opportunities presented to them.

I now present the experiences of the two participants who are emerging leaders.

Energy's leadership development took off when she joined the DPO. She started like any other member attending workshops because she always made herself available due to the flexibility of being a student. She was very dedicated to the various assignments and ensured that she was always well prepared. She learnt quickly and became familiar with how to manage herself as the minority at these gatherings of women in the mainstream. She recalled how nervous she was the first time she presented at a national workshop. This was a defining moment in her leadership development. She summoned all the courage and confidence she mustered and stepped into the national scene. Since then at the age of twenty-two, she has used every opportunity for exposure to build her leadership capacity.

Energy found her voice through the encouragement from other disabled women and her exposure to the DPO disability rights culture.

There is a lot of rigidity at my University. Accessibility was bad and the lifts were not working. There are no lifts, no ramps, so I said no, I cannot go all the way to 4th floor. I will end up having problems with my knees. So they listened to me, but you can tell it is a hassle. The DPO has done something important, second to none by empowering me.

Energy was hoping that one of these days she would wake up walking and continue with life as a sportswoman, right where she left off. The intervention came from the organisation to sit her down and explain to her how disability works and what a life of possibility holds, if she is prepared to step into it and define her life moving forward.

Energy learnt to cope with her disability by focusing on completing her schooling and university studies as a way of empowering herself. Energy gave herself time to learn from others in the DPO. She displayed great maturity born out of life experiences in

spite of her youth. Energy advocates for leaders to share power for productive outcomes. She believes that successful outcomes are best delivered through shared power, which resides within teams of people. She rebels against any form of command and control philosophy to leadership within the disability movement and elsewhere.

I suffered from a condition I never understood, i do not know what it is even now, I have no explanation. I was in denial and did not accept my disability.

When I moved from living with my mother to my aunt, they didn't understand disability. So what they would think was that I was not capable.

Energy finds that a women's-only organisation within the disability movement provides a much-needed sanctuary from the general pattern of male dominated leadership structures across the disability movement in Zimbabwe and across the world. She is very concerned about how disabled women are often manipulated by the powerful men in DPOs. The result is often that the women are ineffective in their jobs, because they do not have the right skill set for the job at hand. This can be seen as having been set up to fail from the beginning and to keep disabled women entrapped in mediocre/support roles by the patriarchal system that favours male superiority. She believes that there is no chance of this happening in a women's-only DPO.

For us it is God given and thank God for that, we are a woman's organisation and although we might maybe manipulate each other, it is different from their way they do things from the male dominated DPOs or NGO's in general. For me I did not go through that because I started in a woman's organisation, there is nothing of that nature.

About the experiences of young women in the disability movement, Energy contends that

The environment is very tense. It requires somebody who is extraordinary, who actually gives themselves time to analyse the situation and come up with a suitable approach or intervention. In the disability movement especially in my country Zimbabwe, there is a lot of bickering and backstabbing.

The youth who are interested in engaging in politics generally find that most disabled people's participation in politics is limited. The youth are often seen as threat to the others already in positions, or those aspiring to wait their turn. She urges a new

strategy to mobilise members in the disability movement to invigorate it with competent leaders.

You talk about future issues, not their past because they become so defensive over what they were doing and what they are still doing. It is a matter of talking about what you see in the future, you also stand your ground, you have facts, then you go from there. If you try to come from this angle you become a threat. The only thing you can use is future thinking.

Essence's philosophy about life is that you will not get anywhere in life without a good education. She believes education is a means of self-protection against hostilities she faced as a young girl. This philosophy permeates throughout her life-story. Essence believes that education brought clarity in her life, and family, her mind was opened and with her capabilities, she could change the lives of many disabled women. This all made her discover her potential, power to participate in decision-making, and emerged into leadership. She is a passionate advocate for the right to access to education,

Most of us as girls and disabled women did not have the opportunity to do basic education. I would also like to encourage women and girls with disabilities to be their own spokesperson where possible.

Essence got her leadership exposure by extensive travels to DPOs in African countries and learnt their lifestyles and way of thinking through workshops, she got ideas how they overcame some of the challenges they faced as disabled women. Her education was expanded and was introduced to learning about gender rights and human rights.

I now introduce the second theme of intermediate leaders.

4.3.2 Intermediate Leaders

The intermediate leaders viewed leadership as a process of working together with a team to achieve goals. The women recognise that a group could have positional leaders but that members could also have leadership roles. Social connections remained an important part of their involvement experience. However, their focus began to shift. They began to recognise that they could have a positive impact on other people's lives. They wanted to accomplish goals with their peers and influence

what was happening at their DPOs and across DPOs and the larger community. The intermediate leaders in this group became involved in numerous organisations that connected with their personal values. Although some were not sure how they felt about being called a leader, they recognise that they were. Leaders in the intermediate leadership development stage are involved in many experiences, learning about teamwork, enjoying the process of working with others to achieve goals and learning intensive leadership skills.

The experiences of four participants, namely Power, Rose, Sister and Tenacity illustrate the theme related to intermediate leadership.

Power was the Vice President of a large umbrella DPO in Zimbabwe. She has held this position since 2003. She has also held the position of national chairperson for the women's programme in the national council since 2007. She joined the national council in 1986, as a young woman aged twenty-three, when she moved from a small town, some 200 km outside of Bulawayo where she completed her primary and secondary schooling. In Bulawayo, she started her secretarial certificate training. Her memories from the small town talks of how alone and isolated she felt as a woman with a disability. No organised structures existed there and her world was very insular. She referred to herself as '*A young lonely girl that was alone in this world*'.

Power was working in a cold storage company as a secretary to the director and has been an active advocate to sensitize the company of disability rights and ensuring that she gained the support from her boss to attend to her leadership responsibilities in the disability movement in Zimbabwe. Power had a strong presence and her courage was palpable. Her own definition of a true leader and the standard she held herself to,

Is not to be ridiculed, to know what you are doing at all times. That you must, stand for the cause and be a servant leader. To be a good listener, to delegate, to be humble to consult with her colleagues and to ensure I make every member of the committee feel that they are contributing.

She is a proud and fiercely independent woman with a disability who prides herself as being the leader of her own life as she has

made her own decisions and suffered the consequences.

She stated boldly that she did not need the permission of any man to validate her choices and how she conducted her life. She believes that her ability to be financially independent facilitated this stance,

however, for women without financial independence, this is hard and doubly so for disabled women.

When she met up with other 'young girls' like her in Bulawayo at the training college, they asked her if she would be interested to join them to attend a meeting of disabled women. Power immediately, without hesitation accepted their invitation and with great enthusiasm attended her first meeting.

This was my way out of my aloneness. I found an organisation, a place that I can belong to, I was home.

She then formally joined the Bulawayo branch of the national council and at that time, the secretary was absent and not available to attend to her duties in the national council. Power immediately spotted the opportunity and volunteered to serve as the acting secretary as she had a great love for reading and writing. Later on the members elected her as the chairperson for the women's group. Not long thereafter at the congress, she was elected as the chairperson for the Bulawayo branch. At the branch chairperson, she then became a member of the national women's committee. At the 2003 Congress, she was elected to serve as the vice president for gender.

Power's proudest achievements were firstly when she was elected as branch chairperson of the women's group. What this meant for her was that her peers whom she held in high regard placed their confidence in her to entrust her with this awesome responsibility. This in turn allowed Power to recognise her own confidence and stepped into her power. Power recalls that back when she joined as a new member it was so strengthening for her to have emerged from her isolation and felt a strong bond with other,

Young girls like me. Before I would keep quiet and not open my mouth and blend into the background.

She felt that she was strengthened by the mutual encouragement of each other and to accept her disability and make the choice that she had a full life to lead. This served as a support group where all disabled women drew great strength from and developed their capacity to stand on their own. All these factors together supported Power in strengthening herself to take up the leadership role when she was called on. Power reflects that,

Now all this had changed, I was now empowered, felt strong and was grateful that I became the leader that I am because of the belief other disabled women had in me.

Power benefitted from the many capacity-building initiatives they hosted as well as the exposure that came with attending workshops. The women who were relentless at showing up meeting after meeting and found ways to build a disability movement that implemented gender equality were rewarded with developing their leadership capacity. The strategy they used was to prepare leaders from within the women's programme that displayed the passion, commitment, independent thinking,

Thus not needing a man to pull your strings and make decisions for them, be that within the DPO or at home and determination to make a contribution to advancing the cause of gender equality for disabled women in Zimbabwe.

Rose's induction into the disability movement came after she qualified as a teacher and transferred to Bulawayo where she at first attended to represent the interests of disabled students at her school. Since then, she has become an active and veteran member of the disability movement in Zimbabwe and on the continent.

At first, she took on added responsibilities to serve as the secretary, to write reports, and to represent the organisation on different forums. Her strong work ethic and consistent performance gained her the confidence of many followers and supporters. Rose believed that women needed to have their own structures and to be held accountable by the constituency of disabled women. In the disabled women-only structures, it is believed that they would be more likely to achieve success and expand the pool of role models to mentor those who aspired for leadership.

I had to train myself, the training did not come like the way you would want it to. Much later when maybe you would be leading both men and women, they would ask why a woman?

As a young activist Rose struggled with the cultural and ageism dynamic where she was expected to show respect to elders. In the instances where she disagreed, it was quite a challenge to try to explain and give her own opinion. Sometimes it was misconstrued as lack of respect. Rose believed the culture in DPOs in Africa is all about reinforcing the patriarchal system. Rose knows of the price women pay for stepping out and challenging the status quo,

Women are expected to be supportive of men leading, so the moment a woman is leading, be it at a school or a church, any organisation it is sometimes very difficult for people to take her for what she stands for. Sometimes you want to go against the tradition and they don't take that very lightly, sometimes you might even get your character defamed.

Rose spoke of her leadership battles and how she survived the hostilities, and lived to reflect on the lessons learnt. Rose knew well the tensions she battled with to assert her leadership as a disabled woman and an independent thinker. She had to learn quickly when to fight and to go all out on an issue and when to step back and consider alternative approaches in order to offer a contribution. Rose also depended on the support she needed as a leader, and knew that she needed to have other people around her as a means of protecting herself as well as a means for guidance from allies and confidantes.

Sister had a promising career in the corporate sector and left it to respond to her need to serve others. She made huge sacrifices and since January 2009, she has worked voluntarily in the disability movement. She felt especially proud that by November of 2009 she had brokered a deal with a donor for a contract for three years paying for salaries, administration and programmes. The projects are still running. Sister speaks of her main achievements in her different roles and feels she had significant impact in the turnaround of the women's organisation. When she joined as chairperson it's was one organisation that had a lot of challenges. The organisation had low credibility with its donors, faced closure, plagued by community suspicion of corruption, had low staff morale and a complete lack of financial and governance systems. The organisation's governance and the financial issues were not properly handled, and she had to make sure that the organisation survived and upheld its credibility. She used her experience to put effective systems in place, improved accountability measures, implemented a performance management

system, restored donor and community relations and ultimately managed to put things right and returned the organisation to good health. She had the support of the disability movement to fix the mess.

We had to change the management structure and let people go, in order to uphold transparency and accountability. It was not an easy thing because in these organisations when people get there, they think they can't be moved.

Sister enjoyed the confidence of her peers and her board and this further motivated her to perform optimally as a leader.

I think of myself as honest and always speak to the point. I confront issues in a diplomatic way, and builds consensus in order to move forward.

Sister argued that disabled women must be encouraged and actively prepared to take up leadership. Sister felt strongly that policy change is essential, but by itself, not sufficient to change the status quo.

A key site of struggle within the DPOs is the area of inclusive gender based policies.

Disabled women and the youth must be mobilised through intensive training to actively change the status quo.

Tenacity's DPO ran several different empowerment programmes consisting of political, economic, social, HIV/Aids and agricultural projects. The organisation's mission was to realize the empowerment of disabled women. Tenacity's main motivation for establishing the disabled women-only DPO was due to her and other disabled women's experience of male domination in the DPOs in Zimbabwe. Tenacity believed that,

Men will leave you behind and promote their own interest.

Tenacity experienced culture in Zimbabwe continue to serve as a major barrier for women in general and disabled women in particular where disabled women even more so are classified as perpetual minors, treated like children and have no autonomy and have no voice,

Our culture demands that women respect men and men do not at all have to respect women. We now live in a 'democratic' order, we equal, and disabled women must stand up and claim our rights. Disabled women need support in becoming effective leaders.

Tenacity believes the interventions required to realise more effective leaders is to collaborate on leadership capacity building initiatives, education and advocacy to sensitise communities, men, government, key institutions including the media and society at large.

I now introduce the final category of experienced leaders.

4.3.3 Experienced Leaders

The experienced leaders own the title 'leader'; it is part of their identity or the way they saw themselves. The experienced leader's motivation stems from commitment to a cause. Their view of leadership was about empowering others and coming together to create social change. Relationship preservation remained important as they stem from a common passion and commitment to the cause. Experienced leaders took responsibility for the development of their members and had a commitment to the group's sense of community. It was important to these women that they demonstrate congruence between their actions and ethics. Leaders in the experienced leadership category have gained the following skills. They demonstrate commitment to the cause or organisation and the people who are involved. They begin to mentor emerging leaders. They model confidence in their leadership abilities. In addition, they demonstrate the ability to work with diverse others across contexts.

Two participants were identified as experienced leaders, namely Anchor and Doctor. Anchor tried to make sense of her life's purpose through biblical scriptures and drew inspiration from her spiritual beliefs. Initially, Anchor did not want to be associated with the disability movement because she felt that,

I had better things to do with my life.

Because of the nature of her husbands' work as an evangelist, he was usually out in the field for a week or two and during that time, she was feeling lonely. In 1990, she made a decision to be involved and called on a friend in the movement to come to visit so that they could set up a women's wing for the DPO in her region. In 1991, she was one of the delegates who went to Bulawayo, Zimbabwe representing

disabled women at regional/international conferences. She started rising from being a regional representative to Deputy and Chairperson of a women's committee, then Deputy Chairperson on the main Regional Executive Council and served on international structures as Deputy Chairperson.

Anchor suggested that in order for a disabled women in Southern Africa to emerge as a leader as compared to a man with a disability, she must be self-confident, be determined and she needs to be motivated to stay the course, in the face of heavy burdens and challenges to her person and reputation. She believed that patriarchy is alive and well in DPOs and manifests in how disabled women are excluded from the inner circle where major decisions are made and in the recruitment of members to various positions. She is committed to the power of servant leadership and advises disabled women to stay united, not to undermine each other and themselves, to do away with the spirit of pulling each other down and to support each other,

As it is time for women to discover themselves and rise above different gender role expectations.

Role models were an important source of encouragement for Anchor. Some of the people she admired are Joni Erickson Tada who despite her disability had achieved a lot in life.

²*The way she struggled to accept God's design in her paralysis inspired me.*

There was a time when she felt that things were not going well in the disability sector, she became despondent and made up her mind to quit. Her husband and a few people close to her advised her to keep on. There have been moments when she wanted to quit because of the pressure, intimidation, insults, and slanderous remarks from her fellow disabled people, both women and men.

I felt that enough is enough, I should just quit. I remember Fred saying, Anchor do not quit, it is better for you to keep on fighting while you are still inside, because the moment you will be outside the movement, your voice will never be heard, if you do, you will regret for the rest of your life. I also thank the late Alexander Phiri for teaching and moulding me to be who I am.

² She was involved in a diving accident in 1967, which left her a quadriplegic in a wheelchair. She was an internationally known mouth artist, a talented vocalist, a radio host, an author of 17 books and an advocate of disabled people worldwide.

Anchor is deeply concerned about how culture and tradition have impacted negatively on disabled women's emergence as leaders. There's a negative mind-set that disabled women are not marriageable,

Some disabled women feel that the only way to be recognised by men in the movement is when they engage themselves in unhealthy relationships and petty gossips and in the process they rise to leadership positions without a vision. In so doing they do not contribute positively to the change.

Anchor's leadership journey spans twenty years, and her growth as a leader was supported, facilitated and enabled by the DPOs in which she was involved. She asserts that she has grown as leader by responding to her calling to serve. She draws on the many lessons learnt in her leadership journey. She sees herself as a leader who talks less and listens a lot, a leader who respects other people's views/collective ideas, a leader who is humble and treats all equally.

I have grown as leader out of passion in my heart. I remember SAFOD in collaboration ... This project started in Zimbabwe and I happened to be in the team to do the campaign, we travelled in the remote areas and I saw the predicament of disabled people, it touched my heart, I heard it in my heart that this is where, I belonged, I have to be a voice of the voiceless, that time I was working with a financial institution, but I felt it strongly with passion in my heart to be that voice.

Anchor is clear about the role education played in her leadership journey. She values education and the exposure it afforded her. She understands global issues and she is able to make informed decisions. She is now independent, reads extensively and intends to complete a degree in disability studies.

I really value education so much. Education has played a very significant role in shaping my destiny. I understand global issues; I am able to make informed decisions. I am now independent, Even now I read a lot and I still want to study more, as at now I want to do disability studies.

Doctor contends that a woman with a disability is always fighting the battle of asserting herself as an equally capable woman leader and/or career woman, especially in the mainstream arena. From Doctor's experience, she identified the first problem for disabled women focusing on leadership, employment and training as a direct consequence of how the family deals with the child's disability.

From the family level disabled women are not really considered as important as other girls without disability, but also because of lack of education and training,

disabled women have no confidence, because they have not been empowered. Through self-empowerment, they can develop that self-confidence and this is a big problem in Africa. Thus there is huge illiteracy and unemployment among disabled women in Zimbabwe and Africa.

In Doctor's leadership experience, the core challenge was disabled women needed to empower themselves as women and equip them for leadership. Disabled women need to challenge the old mind-set that some disabled women leaders have, in that they are in leadership positions due to the generosity and mercy of the men in DPOs and have to forever pay homage by agreeing with them on all matters. The failure to conform often had dire consequences for disabled women who are trapped in this arrangement. They would often find themselves compromised and stripped from their role and ultimately their position. Doctor passionately asserts

As disabled women, we need to reorganise ourselves first.

Doctor cautions about a disturbing trend she noticed whereby there was also a lukewarm attitude among women leaders. She offered the following example,

Take for instance visually impaired women in Africa. Most of them follow in the steps of their male counterparts. Running for elections, holding the position, and forgetting why she was elected in the first place. Also, in our situation in Africa, many long serving visually impaired women leaders are not challenged because of the weak membership base at the grassroots level due to high poverty and illiteracy rates.

Doctor believes her path to leadership have has been strongly influenced by her early childhood experiences of rejection by her family and the community. She said that she had to learn to become independent at far too early an age. She shared that this reality pushed her into using her access to education as a key means to leadership development.

Education is a weapon to defend myself and education served as both an escape, a way out to a better life.

4.4 Summary

Although these women were linked by the verity that each identified as a woman with a disability and leader at DPOs, the actuality of this experience was richer than these two connecting points. These women shared many experiences. Each one described

a desire to give back to the larger disability movement, other women, and various issues for which they had become passionate. They shared a desire to be recognised as women first and as capable leaders in their own right, through the experiences they engaged in during their leadership development. All shared a pride in being a woman with a disability, after two of them, Anchor and Energy had to transcend their denial of their disability and their identification with the disability movement. As each of these women shared their stories, the themes began to emerge from their voices.

4.5 Conclusion

This chapter outlined the profiles of eight different disabled women who were leaders in various DPOs. Three themes of leadership development were identified to group the participants, namely, emerging leaders, intermediate leaders and experienced leaders. The following chapter discusses the three themes, namely pathways to leadership development; challenges in exercising leadership; and making meaning of the pathways to leadership development.

5.1 Introduction

The participants' reflections of their experiences revealed the dynamic process of leadership emergence. The experiences of these eight women were similar in the ways in which they came to see themselves as leaders, the opportunities that presented and opportunities created, their understanding of leadership and self as leader emerged, and the ways in which these experiences and their own context impacted them.

The findings of this study revealed that leadership development is a complex process and understanding the possible implications of gender and disability on the development of leadership specifically is multi-layered. Three core themes emerged:

1. The **pathways of leadership development**, which include sub themes of accessing internal resources (self-esteem), and external resources (family and mentors),
2. **Challenges in exercising leadership** consists of sub themes of the impact of culture and gender discrimination and the lack of support for disabled women.
3. **Making-meaning of the pathways to leadership**, which comprised the sub-themes: shaped their leadership experiences; using their agency to define their leadership; and empowerment through education and opportunity.

The themes are shared in order of salience to the participants. Table 3 presents the themes in tabular format.

Table 3 Summaries of Themes and Sub Themes

THEMES	SUB THEMES
1. The pathways to leadership development	1. Internal influences: self Esteem and self- efficacy. 2. External influences: stigma and negative expectations from the family and lack of support.
2. The challenges in exercising leadership	1. The impact of culture and gender discrimination. 2. The lack of support for disabled women.
3. Making meaning of the pathways to leadership	1. Resilience shaped their leadership experiences 2. Using their agency to define their leadership 3. Empowerment through education and opportunity

5.2 Pathways to leadership development

In this study, eight participants told their stories as disability activists, and their different pathways to leadership development.

Doctor defined her leadership development as a product of the interaction of the person and their social environment, including societal attitudes, obstacles, and societal norms. Doctor struggled especially with the perception that a woman with a disability is seen as disabled first before being seen as a woman. This disabling perspective of how society views disabled women can be seen in the work of Lorenzo, (2005), who argued that the advancement of disabled women must be central to the African Renaissance. Lorenzo's work investigated the shared experiences of what helped or hindered disabled women's social and economic development since they became disabled in Khayelitsha, Cape Town, South Africa. The findings revealed the struggles and sadness, as well as the strengths and spirit that the women experienced within their everyday context at an individual, family and community level. The women spoke strongly about meeting physical, emotional and spiritual needs (human development) as the means to social and economic development. Key to Lorenzo's works (Lorenzo, 2005) is the reflection on the many

paradoxes of disability encapsulated in the essence of interdependence of Ubuntu (the essence of humanity, I am because of you). The three themes from Lorenzo's work namely, building emotional resourcefulness: nurturing children and families in disability issues; and renewing spirituality and Ubuntu in disability and development programmes has a bearing on the findings of my research, in that the emotional resourcefulness of all the eight disabled women was evident in all their cases. Their success at navigating the leadership challenges demanded that they become more resourceful to survive and ultimately to thrive in exercising leadership. All the women's experiences in this study testified to the dual struggle between building a healthy self-esteem and navigating the internal and external barriers of how they see themselves as well as how other women see disabled women (Lorenzo, 2005).

What stood out for me in Lorenzo's findings that were consistent with this study is that all the experiences of the women in this study confirmed that the essential aspects of human-development are a pre-condition for leadership development. I argue now that leadership development is indeed a process that unfolds over time, given the particular opportunities for exposure, new experiences, support and training to facilitate the potential for leadership.

5.2.1 Internal influences shaping leadership development: self-esteem and self-efficacy

The term 'self-esteem' is used to describe a person's overall sense of self-worth or personal value (Owens, 2001). Self-esteem is often seen as a personality trait, which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions and behaviours (Owens, 2001).

Energy showed self-esteem when she gave herself time to learn from others. She displayed great maturity born out of life experiences in spite of her youth. Energy's capacity to make her way in life filled with complexity and challenge was noteworthy.

I felt sad when listening to Anchor's use of language and choice of words in particular in describing her experience. She used the word *useless* to describe losing the

functionality of certain parts of her body. I found this interesting to notice how disabled women relate to their bodies and the body politic as a form of resistance, elaborated on under the relevant sub-theme later on in this chapter. When listening to Anchor, it evoked a sense of disconnect and even dissociation with the *useless* parts of her body. I explored this perspective with Anchor and she confirmed that she has a strained relationship with her body and continually found herself looking for ways of hiding the *useless* part of her body, her legs in particular, as if they did not exist for her, in a sense of unspoken shame.

In a related study, Nosek, Hughes, Swedlund, Taylor & Swank (2003) examined the sense of self of women with physical disabilities in terms of self-esteem, self-cognition (perceptions of how others see them), and precursor variables (age, education, severity of disability, and childhood experiences, including over protection, familial affection, and school environment) and outcomes (intimacy, employment, and health promoting behaviours). The study sample included both women with and without disabilities. Their findings are consistent with this study, in that all the disabled women struggled to establish their sense of self and relied on the affirmation from peers and other significant persons to build their self-confidence.

Nosek's study found that the disabled women had significantly lower self-cognition and self-esteem, and greater social isolation than the women without disabilities, as well as significantly less education, more overprotection during childhood, poorer quality of intimate relationships, and lower rates of salaried employment. Respondents who were older, less disabled, less educated, less over-protected, and had more affection shown in the home tended to feel that others see them more positively. Women with positive school environments, less over-protection, and more affection in the home experienced less social isolation; age, education and disability severity were not significantly related to social isolation. Older respondents with less disability, a more positive school environment, less over-protection, and more affection in the home tended to have greater self-esteem; education was not significantly related to self-esteem. Older respondents tended to report less intimacy. Younger, more educated, and less disabled respondents were significantly more likely to be employed. More highly educated respondents reported engaging in more health promoting behaviours (Nosek, Hughes, Swedlund, Taylor & Swank 2003).

The establishment of a healthy self-esteem seems to be paramount for effective leadership. In the case of each of the participants in this study, they had to struggle well into their adult lives to develop self-esteem, as all the conditions mentioned in Nosek et al's (2003) study had a direct bearing on all the participants, with respect to their social isolation, rejection in the home and a hostile school environment. What stood out for me is the effect of how these disabling conditions compromised, inhibited and possibly delayed the leadership development of these disabled women. Furthermore, my research findings showed an added dimension in how culture and male domination in DPOs undermined the leadership development of disabled women.

5.2.2 External influences impacting on leadership development

The aspect of relationship building is used to describe the pathways through which the significant people in the lives of these participants influenced their leadership development. These significant relationships included other women with disabilities and good Samaritans who believed in them, mentors and peers. The ways in which each of these people influenced each participant was unique and varied depending on where the participant was in her awareness of her self-confidence and self-esteem. Yet, encouraging relationships were salient to all. The people with whom participants had meaningful relationships included family in a minority of cases, teachers, mentors and peers. They were the first to encourage the participants' leadership potential. It is not surprising that relationships emerged as a main theme in these women's leadership development as research on women's development provides overwhelming evidence that women develop and gain a sense of self in a context of connections with others. A woman's sense of self is organised around building and maintaining relationships (Belenky, Clinchy, Goldberger & Tarule, 1997; Chickering & Reisser, 1993; Jones, 1997).

Further external influences on the leadership development of disabled women were cited as disability stigma in families, negative expectations and lack of support. The participants in this study confirmed this with their own experiences of how stigma and the family's perceptions of their deviance and consequent negative behaviour pushed them into a life of isolation and needing to find support from others in the community.

Their experiences spoke to the traditional role of the girl child in the family, compounded by cultural beliefs regarding the value of a girl's life.

Bruce and Phelan (2001) defined stigma as the co-occurrence of its components labelling, stereotyping, separation, status loss, and discrimination – and further indicated that for stigmatisation to occur, power must be exercised. The authors contended this stigma concept they constructed, has implications for understanding several core issues in stigma research, ranging from the definition of the concept to the reasons stigma sometimes represents a very persistent predicament in the lives of people affected by it, in this instance disabled women. Because there were so many stigmatised circumstances and because stigmatising processes can affect multiple domains of people's lives, stigmatisation probably has dramatic bearing on the distribution of life chances in areas such as earning, housing, criminal involvement, health and life itself. These findings on stigmatisation relate to my findings in that all participants had to struggle with the negative perception and the low expectations their communities and in most instances, their families placed on them due to their disability. Most participants wrestled with the stigma of being disabled since their birth or early childhood and had to learn to cope and emerge from a life of no hope to creating a life worth living. I argued that the extent of discrimination experienced by all the participants is consistent with other research quoted in this thesis and that these forms of discrimination had a significant impact on the lives of these disabled women. Furthermore, it is evident from my findings that the scars of family rejection in early childhood in most of the participants' experience, continued to reverberate in their adult life in the ways they formed relationships, their coping strategies and overall resourcefulness to become successful in life.

In addition, Corrigan (2005) in his research on stigma and mental illness asserted that disability challenges those affected not only in their impairment but also in the challenge of an unjust social stigma, which denies persons with disabilities opportunities to work, live independently and pursue other goals. He argued that at the core of many problems facing disabled people is public reaction to their disabilities. Corrigan's findings support my findings, as I have explained above. The unjust nature of both social stigma, manifested in the harsh cultural sanctions against disability as evil and abnormal together with the family rejection as found in my study,

on the basis of the impairment causing disablement in the lives of these women. In one case, that of Rose', it was interesting to note how her father responded to his only daughter's disability. He left no stone unturned to ensure she had access to education in the available schools for the blind and went to any length to secure his blind daughter's future.

On the other hand, Rose's mother crumbled under the social pressure of having a blind child as a result of a contracted disease and moved from the city centre to the rural homestead as her way of coping. What I find noteworthy is how the cultural sanctions were most severe on the mother of a disabled child and less so on the father of that child. It was the mother who was forced into isolation and burdened with shame because of the callous and unforgiving way in which society responds. The cumulative effect that we witnessed in my study was the lasting damage it caused in primary relationships and how it continued to leave a yearning for some form of unfinished business in the strained family relationships with these strong disabled women. Although my study did not explore this dimension of the psychological scars of family rejection in an in-depth way, it seemed to be most evident.

Consequently, Susman (1994), in her work on disability, stigma and deviance, argued that social science research made an important contribution to understanding the experiences of disabled individuals to illuminate the influence of stigma and deviance on those experiences. Her work further postulated that while some research demonstrates a regrettable imposition of stigma/deviance into the lives and minds of disabled people, some of it suggested that such imputations are losing force as new ways of thinking about the meaning of disability gain sway. I am in agreement with Susman's observations, since the advent of the social 'model' of disability provided a new paradigm from which to reframe stigma and the burdens which society creates for disabled people. The findings of my study speak to the experiences of all the participants across the three categories of leadership, with special reference to how each of the women experienced stigmatisation, firstly, due to their disability and secondly, due to their gender. What is of special interest is how the stigmatisation impacted on their leadership in DPO and the societal context. Doctor's main challenge as a leader was continuously to have to prove her competence as a disabled woman and fight to be recognised as a woman first. Doctor's survival from

childhood depended on her ability to prove that she could cope with the hostile conditions society put before her, be it at school, at home or in the community. In her adult life as a leader, she had to continue this battle firstly to prove herself as a capable woman and a capable leader inside the DPOs at a regional and continental level and secondly in the mainstream society that created huge barriers to entry, based on her disability and being a woman.

I would further argue, in agreement with the findings of Nesiah & Vasuki (2006) that these disabled women also endured stigmatisation on two additional levels, that being both geographically from the south, from developing nations and based on race as African women. Thus due to these pernicious dimensions of stigmatisation, the disabled women faced multiple discrimination that served to undermine their quality of life as well as their leadership development with reference to this study.

All the participants in this study demonstrated similar coping mechanisms to respond to the disabling effect of stigmatisation that ultimately compounds their experiences of discrimination and exclusion from the mainstream. The main coping strategy they employed across the three leadership categories, with varying degrees of sophistication and depth were to be very committed, almost militant about their educational advancement and immersing themselves in opportunities for self-development and exposure to enhance their leadership competence.

In contrast to Rose's story are Doctor's and Anchor's stories. Their families reacted very differently under similar circumstances at the time of becoming blind and physically disabled respectively. Rose's father responded differently to her mother in that that mother was grief stricken and embarrassed, whilst her father was leaving no stone unturned to get his girl child educated. Doctor's parents rejected her as a little girl of three years of age and her hope came when the village priest intervened by sending her to school away from home. Similarly, for Anchor's parents, her mother in particular, felt distraught and ashamed of being cursed by her child's disability.

In recent years feminist theorists including Sawicki, Hooks, Butler, & Shidrick (1991) have suggested that the experiences of marginalised groups, such as women, gays, lesbians, bisexuals, and transgendered peoples, people with physical and mental

disabilities, the poor and people of colour, comprise alternative discourses that challenge the hegemony of dominant ones. Our subjugated knowledges or reverse discourses (Sawicki et al, 1991) operate as forms of resistance because they positively prove the existence of people, bodies and experiences not found within the histories and narratives created by dominant groups in society. Our lives challenge the naturalness and rightness of the dominant discourses and categories such as race, gender, sex and disability. Resistance, then, can be understood as a contestation of the ways in which discursive practices classify and identify bodies and as a rejection of the dominant interpretation of our bodies. To posit reverse discourses based on these experiences and knowledges is an exercise of power that can result in a profound shift in the way many people regard themselves and their place in society.

The relevance of Sawicki's et al (1991) research to my study is that it confirms disabled women as a marginalized group and that leadership by the eight disabled women challenges the status quo in both the DPO and dominant patriarchal system of male domination in traditional African societies. They were challenging the stereotype that men are the default leaders and thereby challenging the power structure of patriarchy. The disabled bodies of these women challenged them directly in how they saw themselves and how they asserted their right as women to lead others and to function optimally in a barrier free society.

5.3 The Challenges in Exercising Leadership

The tension between gender equality within the disability movement and the exclusion of disability within mainstreaming within the broader women's movement speaks to the work of Grobbelaar-du Plessis (2007) where she observed the focus of women-only movements on advancing the image of women as powerful, successful and competent tended to marginalise the position of disabled women even more.

In my opinion this perspective has merit as it may point to some of the complexities in mainstreaming disability within the broader women's movement. The implication of this argument is that it is incumbent on the women's movement to raise awareness about the additional barrier that it has created (albeit unintentionally) and that the

exclusive image which this creates could serve as a further barrier, and should be removed.

The socio-political context within which the participants operated was layered with the intersection of the rural-urban divide, culture, tradition and gender on African disabled women, resulting in them suffering more compared to the forms of violence and abuse women generally suffer. Naidu, Vetten & Hargreaves (2005) argued that African women are the most socially and economically marginalised group because their vulnerable state is compounded by poverty and socio-economic disadvantages. These findings by Naidu support my findings in that the participants of this study had to carve out a life for themselves to escape the vulnerability to abuse, poverty and stagnation, which is real for African women as Naidu outlined, and doubly so for disabled women.

In addition, Grobelaar-du Plessis (2007) found that all women face the same spectrum of human rights abuses but these abuses are magnified for disabled women because of their social isolation and dependency. Her findings were that a woman's impairment affects the way that she values herself as a human being, and her position as a social person within a specific culture and religion. The personhood of disabled women is not only to be found in cultural analysis but is negotiated by parents and families, and asserted by society, the media and health personnel (Ingstad & Whyte, 1995). As argued above, under theme one, my own findings are consistent with Grobelaar-du Plessis and Ingstad and Whyte's findings in that the stories told by all the participants speak to the complex web of their identity as women first and their fight within the mainstream women's movement to find acceptance as women. Consequently, their disability and what it meant to them had undergone significant changes in the course of the leadership development process to emerge from self-doubt in the way they saw themselves, to self-affirmation and confidence in the way they carried themselves. It was only then that they could project a positive self-image to counteract the dominant media image of disabled women as being needy, weak and in constant need to assistance.

5.3.1 The impact of culture and gender discrimination

The participants in this study spoke at length of how they experience the disabling effects of culture and tradition in their lives. They struggled in particular with the constraints placed on them by culture, society and gendered power relations. All eight women spoke of the factors that worsen matters for disabled women in the ways in which culture and tradition have impacted negatively on them as leaders. Due to the stereotypes that disabled women are not marriageable (Lorenzo, 2005), some reported that the only way to be recognised by men in the disability movement is when they engaged themselves in romantic relationships and promised allegiances, in return for patronage.

Anchor argued that in order for a woman with a disability in Southern Africa to emerge as a leader as compared to a man with a disability, she must be self-confident, determined and she needs to be motivated to stay the course, in the face of heavy burdens and challenges to her person and reputation. All participants confirmed in their experiences that patriarchy was alive and well in DPOs and manifested in how disabled women are excluded from the inner circle where major decisions are made and in the recruitment of members to various positions. This perspective holds the potential of stereotyping all disabled women working in mixed gender DPOs. It holds the potential of undermining disabled women's solidarity in forging a common agenda in confronting male domination.

The research of Chabaya, Rembe, & Wadesango (2009), on the persistence of gender equality in Zimbabwe and the factors that impede women's advancement into leadership positions confirm the findings of my study that the main factors are the gender scripted roles assigned to women to be responsible for the well-being of the family. They are expected to stay close to home. This discourages women from participating in leadership as it will take them away from their primary responsibilities according to cultural expectations. Additional findings are low self-esteem and lack of confidence as well as lack of support as discussed in theme 1 above. These findings are similar to the findings of my study. The similarities are that in the case of Chabaya et al's research, although the non-disabled women in their study were well qualified for advancement to leadership positions in the education field in Zimbabwe,

they did not believe themselves to be capable and were socialised to believe that men are superior to women. The parallel in my study is that the disabled women also struggled with their self-esteem and had to push themselves from their feelings of internalised oppression and notions of inferiority to emerge with the support and affirmation of other disabled women, as women who see themselves differently from the socially scripted roles.

In my study it appeared that the disabled women had greater and quicker success in making the transition towards their empowerment and internalising disability rights from a human rights perspective. The Chabaya study also suggested the powerful force that gender-scripted roles and socialisation hold over the continued discrimination of women in general and disabled women in particular.

I am curious about the inherent support that seemed to be present in the women's structures within DPOs in this study. The paradox exists that two participants (Anchor and Rose) referred to the lack of support they received from women in their DPO and that they drew their support from disabled women outside of the immediate DPO environment. This phenomenon seems to suggest that there might be several issues at play. Firstly the issue of competition for leadership positions amongst the disabled women and possibly also disabled women in the broader membership structures still needing to unlearn their gender scripted roles of seeing disabled men or men generally as the default leaders, and thus withholding their support for disabled women because of this cultural conflict.

Consequently, what is evident is that in spite of a series of policy instruments that aim to achieve gender equality in Zimbabwe, very slow progress has been made. This state of affairs seems to suggest that the compelling forces of cultural power hold sway over the forward-looking sentiment of the policies and various agreements listed here, thirty-three years after independence. What this means for disabled women in leadership in Zimbabwe DPO is that it is still imperative for the advocacy to government to endorse the UN CRDP (2006) as an important statement of commitment to realise gender equality for disabled women. The CEDAW does not go far enough to articulate government commitment to action on guaranteeing equality for disabled women. All indications in Zimbabwe at the time did not inspire

confidence that the country was politically stable enough to ratify the CRPD. The disability rights agenda will therefore need strong sustained civil society pressure in the future to push for change and disabled women leaders have a crucial role in co-defining the agenda for change in partnership with the broader women's movement and the disability movement in Zimbabwe.

5.3.2 The lack of support for women in leadership

The lack of support most participants experienced in exercising their leadership was mainly due to gender stereotypes. Tenacity and her members experienced male domination as a significant barrier to their active participation in DPOs. They resolved to start a disabled women's-only DPO in order to address the issues of women, for women and by women. She had experienced many men in leadership in DPOs in Zimbabwe not being serious about advancing gender equality. Tenacity asserted that it is therefore very important to have the quota of fifty/fifty gender representation in DPO leadership structures to create a critical mass for women in leadership to cease being the minority in the decision making spaces in DPOs.

All participants confirmed that the general practice in DPOs has been that certain positions are best occupied by women. In positions where a woman is the secretary and should perpetually be the deputies working very hard supporting the men in the top position. Anchor spoke extensively about how difficult it was for her to obtain the support from other women in the structures and disabled women seem to prefer voting for men, rather than women competing for the same position. There seemed to be a tension between the advocated position of 50/50 quota for gender equality in DPOs, and the reality of the voting patterns and thereby the reinforcement of the status quo.

My argument about this phenomenon is that the cultural sanctions in place for women are real and have a definite cost associated to it, namely, the cost of isolation, ridicule and exclusion. It appears that just as it is for non-disabled women, as for disabled women, it is difficult to straddle the duality of claiming the equality and freedoms that accompany democracy, with a patriarchal cultural force that is set to maintain the status quo of seeing all women as perpetual minors. What this means

for disabled women is that they are still fighting to be seen as women first, and in addition assert their claims for all the freedoms equality offers as a basic human right.

My summation is that it appeared in this study that traditional African cultural values under a patriarchal system of gendered power relations were in conflict with the essence of the fundamental human rights of all human beings. It was in practice, as this study discovered, that the reality of implementing human rights for disabled women, as mooted in the CRPD, was only tolerated by the established power structure in DPOs, as long as it did not interfere with the benefits of leadership for men as the default leaders. This meant that disabled women both in leadership and those in the broader DPO membership were the only ones to push for a change in the status quo. It was not in the interests of disabled men to do this, if they subscribed to patriarchy.

In addition, Rose spoke of her leadership battles and how she survived the hostilities, and lived to reflect on the lessons learnt of how to protect herself in the midst of institutional conflict and gender stereotypes. She learnt that taking a stand matters and women leaders pay the price in the absence of institutional support. She learnt that the price she was paying for leading as a disabled woman was higher and more costly to her own wellbeing. She encountered the systemic rebellion to her advancement and how powerful forces in the system coalesced to push her to the margin. The system did not tolerate the leadership by a woman - it was 'unnatural'. As Catalyst research confirmed (2007), despite the numerous contributions of women leaders, men were still largely seen as the leaders by default. Seen as the 'think-leader-think-male' mind-set, as 'atypical leaders' women were often perceived as going against the norms of leadership or those of femininity. Caught between impossible choices, those who tried to conform to traditional, that is masculine, leadership behaviours were damned if they do, doomed if they didn't (Catalyst, 2007).

My findings are supported by the work of Catalyst (2007), in that disabled women leaders are challenging the status quo of disabled men as the default leaders in DPOs. In addition my study confirmed the Catalyst study that disabled women were criticised for exercising leadership, whether they tried to emulate masculine forms of

leadership or whether they tried to inculcate their own unique blend of the feminine and the masculine. Disabled women in this study seemed to be put in the no-win position, on the one hand being seen by disabled men as not real leaders, and on the other hand by disabled women as not good-enough leaders, in comparison to disabled men. Such is the nature of the patriarchal influence that it poses as the main barrier for disabled women's leadership in DPOs.

In addition, gender stereotypes can become a powerful yet invisible threat to women leaders and the organisations in which they work and lead. The impact of stereotypical bias is often underestimated. Some have argued that stereotypes must reflect real differences in the behaviour of men and women, or else they would not exist. But research has shown that stereotypes do not accurately represent reality—they misrepresent it. Others might argue that belabouring the issue of stereotypes dilutes the focus from inroads already forged. But that progress has been remarkably slow. No matter how high women's levels of preparation and aptitude for leadership roles, no matter how many women are promoted, if organisations fail to acknowledge and address the impact of stereotypical bias, they will lose out on top female talent.

By creating a false dichotomy between men's and women's characteristics, stereotypes narrow the range of effective behaviours within the workplace overall (Catalyst, 2007). The theory that informs the research by Catalyst, applies to my findings in that it helps to make sense of my findings by offering a way of looking at the troubling phenomenon of disabled women's leadership in DPOs, in spite of the progressive policy advances at international, regional, country and DPO levels.

Consequently, stereotyped attitudes, which are found in society from the family/community to the wider nation, erode the self-esteem of disabled women, making them the most oppressed of all people. As a result, visually impaired women in particular remain largely dependent on the non-disabled community. Indeed, the majority of them have had to resort to begging for survival (Macha, 2002).

Therefore, disabled women leaders were, in this study, in a double bind. They were caught between the cultural expectations of gender-scripted roles and their sense of agency to change the status quo of male domination in DPOs. On either front they

were exposed to community ridicule and ignorance and the harsh realities for stepping out as disabled woman leaders from within the disability movement itself and the isolation from within the broader women's movement.

However, in today's globally competitive marketplace, organisations cannot afford to underutilize any segment of the talent pool, nor place constraints on what counts as effective behaviours. To ensure that vital leadership talent is effectively assessed and deployed, organisations must address stereotypical bias head on. Ultimately, it is not women's leadership styles that need to change but the structures and perceptions that need to keep up with today's changing times. Organisations in the private, public and NGO sectors must help employees and their stakeholders to see that stereotypes, like first impressions, are mutable—and not truths cast in stone.

In addition, these perceptions inhibit women's advancement because 'taking-charge' skills and stereotypically masculine behaviours, such as assertiveness and competition, are often seen as prerequisites for top-level positions. To the extent that people still equate stereotypically masculine behaviours and traits with effective leadership, men are cast as 'natural' leaders, while women constantly must prove that they can lead. Also, partly because of the perceived incongruity of women in leadership, gender stereotypes create different standards with which to evaluate women compared to men in similar positions.

On the other hand, research has shown that men tend to evaluate women leaders more harshly than women do (Catalyst, 2007) and that gender stereotypes are especially problematic in occupations where men outnumber women and men's views predominate. Stereotypes seem to create additional misleading perceptions when it comes to leadership. Inherent in gender stereotypes is the assumption that masculine and feminine characteristics (including 'taking-care' and 'taking-charge' behaviours) are mutually exclusive. While these perceptions target the 'outsiders'—women leaders—to a larger extent than they do men leaders, they in fact affect all leaders. By creating a false dichotomy between women's and men's characteristics, stereotypes place both women and men leaders in relatively narrow categories of style and behaviours while limiting the range of effective behaviours within the workplace overall.

Consequently, because stereotypes created an invisible barrier to the eight women's advancement, they were often difficult to combat or even detect. Another challenge consisted of the stereotypes' prescriptive nature: people believed that men and women should behave in ways that are gender-consistent; the prescriptive nature of gender stereotypes prevents change by making it difficult for women and men to go against norms that enable them to 'fit in' for fear of social rejection and of all the negative consequences it might entail.

Stereotypical perceptions created several predicaments for the women leaders—all of which put women in a double bind. It seems that women who lead are left with limited and unfavourable options no matter which way they go, no matter how they might choose to behave as leaders.

The essence of my argument is that disabled women's leadership is put in the centre of several competing forces for change and forces to maintain the status quo. Firstly, disabled women are struggling to get disabled women as part of the larger membership base to vote more capable disabled women into leadership positions when elections are held in the respective DPOs. We have seen in this study the trend that disabled women prefer to vote for disabled men, informed by the cultural perceptions of men as the ordained leaders and disabled women must be in support of the men.

Secondly, I saw in this study that these disabled women leaders fought for recognition to be seen as women first, by the mainstream women's movement and to be included on that basis into the agenda for gender equality. However, this agenda must also be nuanced to reflect the specific issues of disabled women as part and parcel of the broader agenda for gender equality and the achievement of the fundamental human rights as espoused in the CRPD and CEDAW, in addition to any country specific policy and legislation.

Thirdly, disabled women leaders were here contending with the competition with disabled men either currently in leadership or those disabled men who lost out to the disabled woman for the leadership position. In this regard, disabled women leaders are ridiculed as incompetent, not knowing what they are doing and of being puppets

of a disabled men behind the scene who tell them how to execute her every move. Thus the credibility of the disabled woman leader is attacked and actively undermined by disabled men and disabled women.

Fourthly, culture seemed to have sanctioned disabled women leaders as an affront to the natural order of things. The combination of all these factors impacted negatively on the leadership experiences of disabled women. But a contradiction revealed in this study shows the tremendous potential DPOs have to empower disabled women leaders and simultaneously DPOs can also serve as contested spaces for leadership and not always prioritising gender equality and the advancement of disabled women.

An additional DPO operational constraint that added to the lack of support for participant's leadership was the acute funding constraints in DPOs. For the past seven years, the DPOs could not employ full time directors to co-ordinate programmes and drive fund raising efforts. This was exacerbated by the national political crisis the country is in and donors pulled out, causing an instant cessation to all programmatic activities. DPOs and especially the women's development programmes most affected tried to cope as best they could under these conditions and improvised with using any resources at their disposal to try and keep dying organisations alive. The impact of this situation caused the Women's programmes in DPOs to lose vibrancy. The impact was particularly felt in the rural areas where no communication became possible due to poor infrastructure and lack of funding and women's groups there became defunct.

However, several participants pointed out that they did not get support from the DPO itself and had to rely on creating alternative structures of support with peers in other DPOs at a regional and international level. Power spoke of how disabled women are often held back by the threats or ridicule from their husbands or the male figures in their lives. This manifested in the way that although disabled women stand for elections and are elected to positions in DPOs, when they go home and share the news, they are actively discouraged by their husbands admonishing them that they are neglecting their family's wellbeing and the husbands will not tolerate their absence from attending to their household responsibilities. As a direct consequence, often the women disappear from DPO activity. Power has not allowed herself to be

caught up in this dynamic, as she is a proud and fiercely independent disabled woman. She prided herself as being the leader of her own life and she made her own decisions live with the consequences. She did not need the permission of any man to validate her choices and how she conducts her life. She believed that her ability to be financially independent facilitates this. However, this is doubly so for disabled women without financial independence, to which Lorenzo (2005) also testified.

5.3.3 The Relational Leadership Model

Outlined in chapter one as part of the conceptual framework used in this study is the Relational Leadership model. In the current paradigm it is generally accepted that leadership is a socially constructed paradigm that is exhibited through relationships and context. These two concepts are intertwined as the context is shaped through the relationships we value. Within the context of this model, leadership has purpose when there is a commitment to collaborating towards a common goal that creates positive change and investment in the vision of the organisation. (Komives, Owen, Longerbeam, Mainella & Osteen, 2005).

Consequently, empowerment, in the context of relational leadership, refers to activities that promote the self-actualization of members. Understanding power dynamics is an important element to empowered organisations. In empowered organisations positional leaders do not view power as a means of controlling others, but rather are willing to share power and authority and expect members to assume responsibility for group outcomes. Relational leadership focuses on a collaborative approach to power, power with or power alongside members (Kouzes & Posner, 2002). How people use power and react to the power of others must be examined in relational leadership.

In addition, the final component of the Relational Leadership model is the process, which refers to the dynamics of how a group works together, how the group becomes a group, remains a group and accomplishes the group's purposes. The key components of process in this context are collaboration, reflection, feedback, civil confrontation, community building, and meaning making (Komives, Lucas, & McMahon, 2007). The process of Relational Leadership elicits synergy through

individuals' interaction with each other to accomplish change. Energy, Power, Anchor, Doctor and Rose advanced their perspectives on leadership that describe the essence of a relational form of leadership. In order for these disabled women leaders and their DPOs to be successful, the relational support and interaction inside the DPO was vital. From the experiences of these participants, I noticed how support was consciously withheld by most of the men in the women's lives and in their DPOs, with the exception of Anchor's husband and mentor. In addition, support was lacking from the family and the DPO, with all its constituent structure. The disabled women leaders in this study had to become more resourceful in their strategies to get the support they needed, be it from peers outside of the immediate DPO setting and the few donors who were committed to keeping gender equality on the agenda of DPOs in Southern Africa.

5.4 Making meaning of pathways to leadership development

This theme demonstrates how disabled women developed resilience, and agency and empowerment through education and opportunity.

5.4.1 Resilience shaped their leadership experiences

Daniel Nelson, a Zimbabwean filmmaker in his Tribute to Zimbabwean resilience argued that *Shungu* (resilience) is what Zimbabweans have in plenty, and *Shungu* is what has helped most of them survive the later years of Robert Mugabe's rule (Nelson, 2012). Similarly in this study all participants displayed remarkable resilience that defined their leadership experience.

Consequently, resilience is shown by Goodman (2002) as successful adaptation despite risk and adversity. It can be internal or external. In their study, it described delays or failures in developmental tasks (Kravetz, Drory & Florian, (1993) as becoming the basis for psychopathology; while attainment of these tasks is the basis for resilience. Resilience was shown as self-righting which has its roots in genetics (Kravetz, Drory & Florian, (1993). Few studies have looked at resilience from an in-depth analytical perspective (Cicchetti, 2000). Limited research exists on the resilience on disabled women. Goodman (2002) stated that resilience is a paradigm

shift that accommodates the analysis and facilitation of growth and is an active process of self-righting, learned resourcefulness, growth and the ability to function at a higher level than expected given the individual capability and previous experience.

However, this study recognises the leadership and outstanding achievements of disabled women activists in DPOs through their personal stories and track record at a local, regional and international level. All of the eight participants demonstrated tremendous resilience to overcome and transcend their challenges and adversity.

Starting with Anchor, where she used her spiritual inspiration to support her through the difficult periods in her life and her spirituality defined her leadership purpose as her calling to serve. Similarly throughout Doctor's childhood right into adulthood, she displayed the remarkable capacity to respond to all her challenges with a positive mind-set and went on to thrive in achieving phenomenal academic and professional leadership success, despite the scars of the rejection by her family which she experienced in her formative years. Doctor's leadership purpose was dedicated to increasing the life chances of blind girls and women in Africa, through access to education. Essence's resilience to survive the cultural practices of pre-teen marriage and extreme violence against her as a child during the liberation struggle in Zimbabwe bore testimony of her capacity to transcend adversity and ability to later to provide a loving home for her family and to educate all four of her children to post graduate level. Tenacity's entrepreneurial spirit and resourcefulness was evident in the creative ways she responded to the chronic funding constraints across DPOs in Zimbabwe. She continued to provide an outreach service to her women's-only DPO members by recruiting international Masters and PhD students to conduct research in all the rural settings where her members were located. In this way she travelled along with the students to reach her members. This would otherwise not have been possible due to a lack of programme funding.

In addition, the experiences of each of these disabled women in turn serve as a great inspiration to me. Their experiences as a collective, demonstrating the amazing human capacity to overcome adversity and transcend from that into a life of service as human rights advocates. The metaphor for each of these cases is like a phoenix

rising from the ashes, creating new possibilities for change in the lives of disabled women in these DPOs and beyond.

5.4.2 Using their agency to define their leadership

The sense of agency refers to the subjective awareness that one is initiating, executing, and controlling one's own volitional actions in the world (Menkes, 2011). The concept of agency implies an active organism, one that desires, makes plans, and carries out actions (ibid). Sense of agency refers to the degree to which people attribute their circumstances and the outcomes they experience to being within their own control (ibid).

However, Doctor and Energy demonstrated how resourceful they had to become to survive as leaders and as women and how they found ways to cope with and survive context and conditions. The ability to be resourceful is a noticeable and necessary characteristic of effective leadership that this research study showed. The drive of the participants embodied in their agency and determination to effect social action is reinforced by the work of Lorenzo study (2005) which emphasised the reality, complexity and the many paradoxes of disability in the everyday lives of disabled women, which were marred by their struggles for survival and recognition.

The study revealed the multi-layered complexity and the lived experiences of different disabled women leaders, and how their will to contribute surfaced as they fought for the right to autonomy and to social inclusion. The findings of this study reflected that in each category of leadership development, namely emergent, intermediary and experienced leaders embodied a sense of agency. At the emergent level of leadership development it was evidenced in the need participants had to shift out of isolation and become active in disability politics at its most basic level, through joining a DPO. At the intermediate level of leadership development, the sense of agency became more involved through the participants' active participation in the organising activities of the DPO, finding their voice and immersing themselves in leadership development activities. At the experienced leadership development level we saw that participants are using their sense of agency to have a larger impact, making a difference with their presence and leaving a legacy.

Consequently, all the participants advocated that they as disabled women leaders should increase their sense of agency to lead in sensitising the public to recognise that disabled women are uniquely valuable individuals and that they should have freedom to pursue various community activities and to take a place in society. More fundamentally, they all believed that they should fight for representation at different decision-making levels (parliament and at local government level in particular) where important decisions for civil society are discussed and made into legislation at different levels of society. Through this, they felt that they would assert their fundamental human rights. Disabled women leaders, they believed, ought to pressure the government to incorporate them in designing programmes and making decisions that affect their lives. In addition, they called for campaigns that are more vibrant with disabled women as leaders at the forefront and at the centre of the design and execution. They should not accept being represented by others in matters of their own concern. Rather they should be in the frontline in making sure their needs are taken on board in various development programmes. They said that should make efforts to lobby with financial bodies and development agencies, to ensure that disabled women have access to soft loans for the establishment of income generating activities. Other related studies found that a large number of visually impaired women earn their living through street begging. This way of life dehumanises them. Women leaders should therefore double their efforts to lobby with mainstream women's organisations in Zimbabwe to make their voices heard and their demands and needs known, so that they are included in the activities of such organisations.

On the other hand, as Anthias, (2002) commented, disabled women's experiences are necessary if society is to be adapted to meet everyone's needs. Disabled women must join forces with other women in an organised manner, so that they can fight for equal opportunities together. Women's issues break established patterns. That is why women need to be able to co-operate, whether they have a disability or not. Up until now, mainstream women's organisations in general have not been very interested in disabled women's issues. Within the disability movement in each respective country, however, disabled women can use their sense of agency to play an avant-garde role, and based on their gender perspective, disabled women can co-operate across organisational borders. They can be pioneers in taking the initiative in

women's solidarity co-operation by inviting women from other disability organisations to participate in common actions. What ties them together, in the first place, is the fact that they are women, not the fact that they have disabilities (Macha, 2002). Women in their common work should not forget that they are women in the first place. The great challenge for them is to work with other women with and without disabilities in order to change society, so that both women and men have equal access to resources and have the same rights, obligations and opportunities in all essential spheres of life.

However, as the participants reported, if and when development agencies consult the disability community they usually consult primarily with men with disabilities because the leadership roles in many DPOs go predominantly to men. The few disabled women who have a voice in the development agenda are mostly from developed countries (DFID, 1999). This reality poses a special challenge for disabled women leaders from developing countries and it is of utmost importance that African disabled women use their sense of agency to reframe the mainstream development agenda. Anchor and Doctor, due to their advanced leadership experience, were actively influencing the continental and global disability development agenda, through the various official positions they were holding on strategic regional structures.

5.4.3 Empowerment through education

In Theme 1 of this study, self-esteem of disabled women leaders was seen to be low initially due to the isolation induced by family rejection and neglect. They were considered as undesirable and in need of sympathy and charity to ensure their survival. Thus, to imprint their images with correct conceptions, they needed to be empowered to take an active role in transforming society's negative attitudes against them. In the context of disability, 'transformation is the process by which disabled people are recognised as active individuals who can initiate their own directions for the enhancement of their own lives' (Macha, 2002). In this sense, empowerment entails the process of increasing power, by challenging structures of society, which disempowered, and removing the barriers to transformation (*ibid*).

Consequently, for disabled women, empowerment meant understanding and challenging what Baylies (2001) described – that discrimination as society's creation results in the maintenance and intensification of impairments and their translation into the experience of disablement. According to her, societies are implicated in these issues in fundamental ways. Baylies (2001:3) argued problems both of direct discrimination and distributive injustice are manifest in restricted access to education, health, and means of livelihood for people with impairments in developing countries. But disablement is also a consequence of lack of resources and state capacity, which might otherwise be enlisted to mitigate impairments.

However, disabled women in this study needed to be aware of all these structures and how they work to disempower them in mainstream society. I saw in this study how these disabled women leaders transformed their own lives from the particular circumstance and emerged with a redefined sense of self and purpose to lead. We witnessed the continued struggle of some of the participants in their relationship with their disabled bodies and this study advocated for disabled women to make their bodies a site of resistance in their activism by transforming their relationship with their bodies.

In addition, a central element to the empowerment process was education to empower women. Education changes the dynamics in households and thus changes norms and challenges gender power relations. (UN 2011:34). In such a context, inclusive education is one way of reducing the disparities, which have left many out of the educational system. Inclusive education (IE) is a strategy contributing towards the ultimate goal of promoting an inclusive society, in which all children and adults, whatever their gender, age, ability, impairment or HIV or health status are enabled to participate in and contribute to that society where this is a form of education where difference is respected and valued. IE ensures that all children have access to appropriate, relevant, effective and affordable education within their community. This education starts in the home with the family, and includes formal, non-formal and all types of community-based educational initiatives. IE is part of development, which itself should be inclusive, that is responding to the needs of real people who are all different. Whatever the level of socio-economic development, the education of disabled children should be seen as integral to the development of education for all

children. IE is the responsibility of parents, government and community, requiring collaboration between sectors and extensive participation. Supporting and involving families is central to IE, as the family has prime responsibility for the care and education of its children (whether disabled or not) (Stubbs, 1996:1).

Access to education is a globally recognised fundamental human right (Article 26 Section 1 of the Universal Declaration of Human Rights). Although Zimbabwe has a proud legacy of major early successes in its liberation of having transformed its people's life chances through investing in education as the bedrock of its transformation process, the country sourly failed to extend this to the educational needs of disabled children and adults. Education for all has remained an elusive goal as far as special needs education is concerned because it remains essentially urban based and inadequate even for the needs of those in urban areas. The notion of inclusive education is far from being applied in the majority of schools. Additionally, the reform policy in education, particularly cost sharing, has left many visually impaired girls and women from poor families in the cold (Macha, 2002).

Thus, in order for disabled women to have access to education, as a tool for fully participating in the development process, transformative actions were necessary. To start with, parents/guardians need to accept their disabled daughters as full members of their families and neighbourhoods and make efforts to expose them to the challenges that can develop their talents and potential to become active members of their communities. Parents, guardians, siblings and other close relatives are very important for the development of any child. Each of them plays an important role as a primary agent of socialisation. The future of a disabled child depends largely on the reactions of these groups from the onset of the disability.

On the other hand, of all things, education matters most because it is the source of knowledge and skills to combat illiteracy, ignorance and poverty, which restrict avenues to development. Hence, parents need to allocate resources to the education of their daughters with disabilities even where such resources are meagre. This is important because, while other members of the family can earn their living through various means, the employability of their disabled daughters largely depends on the education they attain. Parents ought to know that the costs of an illiterate impaired

girl remaining dependant on them are much higher than giving her education. Feeding and taking care of the person for the whole of her life is not only costly, but also leads to more suffering after their deaths.

However, societal attitudes, beliefs and misconceptions are raw materials through which gender and disability are culturally constructed. They determine roles and responsibilities of individuals in society and influence the nature of social services accessed by each individual. Issues of neglect, overprotection and rejection of visually impaired and physically disabled girls begin within the family, extend to the community and can go as far as partners and potential employers. Disabled women are regarded as having no productive roles in the society, and for this reason as not deserving of educational rights. Such discriminatory practices have positioned disabled women at the bottom of the educational ladder (Macha, 2002). That is to say, perceptions about femaleness and disability have intensified the attitudes that operate to deny disabled girls/women's access to education and participation in many other life activities. It has been found that, largely, this has contributed to gender imbalances in schools. In such a situation, the dreams of the majority of visually impaired female children, are very far from being met (Kalabula, 2000). This contravenes Article 26 Section 1 of the Universal Declaration of Human Rights.

5.5 Summary

This study of disabled women's leadership in DPOs in Zimbabwe has explored the ways in which education can be an important empowering tool for the liberation of women who suffer not only from sexual discrimination, but also from discrimination due to their disability, cultural practices and the structural power relations of the patriarchal system, in addition to the male dominated culture in DPOs. However, empowerment is not obtainable through education alone. Nor is education a guarantee of empowerment. Empowerment and achievement of independent living cut across and are informed by the wider spectrum of cultural, social and environmental forces.

Consequently, this study may stand as a foundation stone in the analysis and understanding of the totality of cultural, social and environmental obstacles which

disabled women face in negotiating their way through life. As the disabled women leaders interviewed during the course of this research study repeatedly testified, access to education can often be an important first step towards personal independence and it shaped their own paths to leadership. Without it, they believed their chances of achieving economic security, participation and the opportunity to exercise leadership in the wider society to be severely restricted. The study corroborated findings from key relevant research conducted with special reference to the construction of identity in the work of Grobbelaar-du Plessis (2007) who reported how disabled women were devalued by society. Muthukrishna et.al. (2010) argued that gender and disability are both socially constructed identities and that disability is a multidimensional identity that is specific to culture and history. The disabled women's experiences were often limited by social, cultural and organisational stereotypes of what other people thought they should be like and hence disabled women were often not recognised as the authority over their own lives.

Through dissemination of the findings of this research, hopefully a strong message can be conveyed to all stakeholders in the disability field regarding the essential contribution of disabled women's leadership in transforming the male-dominated culture in DPOs and of the necessity of having an impact in improving the situation of disabled women across sub-Saharan Africa.

In addition, this study may stand as an initial contribution towards bringing about change by focusing on the importance which disabled women leaders themselves attach to education, social action, the need for support from other women within the disability movement and mainstream women's movements. The study confirms the way society perceived women in power as an exception to a collectively held view of women's roles in society.

5.6 Conclusion

The discussion was framed by three themes and related sub-themes that provided a rich tapestry of interconnectedness between and across participants' experiences of leadership in DPOs. The analysis also pointed to parallels and paradoxes with reference to the need to support disabled women leaders.

Consequently, the intersection between culture, gender and disability confirmed the complexity in how patriarchy and the male dominated culture in DPOs actively undermine disabled women leaders in reaching their full potential and act as binding constraints. The analysis demonstrated the deep-rooted systemic formal and informal structural constraints in gendered power relations. The findings exposed the parallels in DPO institutional governance challenges with that of the country's geopolitical landscape. The analysis also showed the tremendous resilience embodied in the stories of each one of the eight participants and how their leadership endeavours persevere in the face of challenges and resistances from within the self and within the external environment.

University of Cape Town

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents a brief summary, the conclusions and recommendations of the study. Based on the findings from interviews a number of conclusions are drawn and recommendations made with respect to raising awareness of the essential role of disabled women' leadership in Zimbabwe. The focus of my recommendations are premised on this study being the first in Africa focusing on the leadership experiences of disabled women. Furthermore, my recommendations offer considerations for disabled women, DPOs, governments, donor agencies, the private sector and considerations for the women's movement.

The study aimed to record the experiences of disabled women in leadership in DPOs in Zimbabwe. The study managed to surface the different paths to leadership of the participants, drew linkages between their internal and external influences of self-esteem and self-efficacy. In addition, the study explored the intersections between gender, disability and culture and how their resilience manifested in shaping their leadership development. The study was based on a research gap that existed and the need for the voice of disabled women and their leadership stories to emerge as a contribution to inform an agenda for changing the status quo in Zimbabwean DPOs.

A qualitative case study approach to research was used to gather information by way of semi-structured face-to-face interviews methods of data collection. The respondents were found to be keen participants, forming a representative sample across all DPOs in Zimbabwe. The results could therefore be inferred to represent the majority of DPOs in Zimbabwe. Data in the form of in-depth interviews with eight women leaders with disabilities was analysed in light of previous studies represented in the literature review along with my own observations and experience as a disabled woman that were unique to this particular study.

6.2 Chapter summaries

The chapters are summarised as follows:

Chapter one presented the problem statement, the purpose of the study, the significance of the study, and the definition of relevant terms. In addition the conceptual and theoretical perspectives of psychosocial and policy development and the Empowerment component of the CBR Guidelines were presented to provide the background and guide the direction of the study. The central argument this chapter attempted to advance was that the human rights paradigm offers a more viable lens to inform an alternative model of disability theory to build on the successes of the social model of disability. The rights of disabled women are best guaranteed through the human rights legislative framework and should be located in the implementation of the CRPD.

Chapter two presented a review of relevant literature to provide an understanding of the nexus of leadership, gender and disability. The leadership paradigm rested on the Relational Leadership theory and offered a useful theoretical basis to understand the leadership experiences and the leadership development of the eight participants. Understanding leadership development as a process, informed the three leadership categories namely, emerging, intermediate and experienced leaders that provided a framework for presenting the findings in chapter four.

Chapter three provided the methodological basis for the research design and case study methods for this qualitative study, the reasons for the chosen methods, sources of data, a description of the population, and the selection and location of the sample. The context of the study inside DPOs in Zimbabwe was also discussed.

Chapter four presented the main findings of this study and themes that emerged through the analysis of the data. Three themes emerged from the data namely, (1) Pathways of leadership development; with sub themes related to Self-esteem and self- efficacy: looking at the internal and external influences of leadership development; negative expectations from the family and lack of support; (2) Challenges in exercising leadership consisting of two sub themes, namely, the impact

of culture and gender discrimination; and the lack of support for disabled women in leadership; and (3) How the eight disabled women made meaning of the pathways to leadership development with the following three sub themes: how disabled women's resilience shaped their leadership experiences; using a sense of agency to define their leadership and empowerment through education.

Chapter five provided discusses and debates the interpretation of themes regarding firstly the pathways to development; secondly, the challenges of leadership, and lastly, making meaning of leadership development. The study explored the complexity of disability, gender and culture, which created dynamic intersections between patriarchy and gendered power relations experienced by the participants. The chapter advocated a stronger focus on a Human Rights approach to disability due to limitations of the social model which focuses on oppressions experienced at expense of effects of impairment. The rights-based approach advocates Disability Rights that cannot be guaranteed in a context that does not affirm the equality of all women. In Africa, disabled women remain marginalised and struggle to claim their fundamental human rights as enshrined in the CRPD and CEDAW. These experiences suggest that patriarchy continues to restrain the full participation of women's leadership in the DPOs.

Chapter six provided the conclusions and implications for this study. This dissertation concludes with recommendations that offer considerations for disabled women, DPOs, governments, donor agencies, the private sector and considerations for the women's movement. Areas for further research and action, focusing on (1) Firming up a human rights agenda; (2) Fostering empowerment as the primary outcome of disabled women's development; and (3) Transforming the mainstream women's movement to become more inclusive.

6.3 Implications of the study and possibilities for future research

Through dissemination of the findings of this research, I hope that a strong message can be conveyed to all stakeholders in the disability field regarding the essential contribution of disabled women's leadership in transforming the male dominated

culture in DPOs and of necessity have an impact in improving the situation of disabled women across sub-Saharan Africa.

This study may stand therefore, as an initial contribution towards bringing about change by focusing on the importance, which disabled women leaders themselves attach to education, social action, the need for support from other women within the disability movement and within the mainstream women's movement. The study confirms the way society perceived women in power as an exception to a collectively held view of women's roles in society. The study also challenges disabled women leaders to step out and take on a visible role in the mainstream women's movement in order to achieve the desired outcomes of a stronger force for change and ending all forms of discrimination against all women.

6.3.1. Firming up a human rights agenda

Future research on gender, disability and human rights needs particularly to examine how a human rights theoretical model of disability can empower disabled women who remain among the most disadvantaged and marginalised people in society. Integrating the social 'model' of disability to a human rights model of disability is a matter that requires dedicated focus. There is an urgent need for building a theory of disability that is relevant for the south, and this study is an initial contribution. An important related field of inquiry must be to aid institutional reform in the disability movement in Africa from a human rights paradigm.

6.3.2. Fostering empowerment as the primary outcome of disabled women's development

There is a need further investigate how far self-empowerment and leadership for coalition building may serve as a liberatory tool. There is also a need to consider what other factors should be addressed in order to ensure that empowerment once gained is used to the fullest degree to improve both the lives of disabled women and the real prospects for gender equality in practice within and outside the disability movements in Zimbabwe and in Africa.

This study of disabled women's leadership in DPOs in Zimbabwe has explored the ways in which education, training and development opportunities can be an important empowering tool for the liberation of women who suffer not only from gender discrimination, but also from discrimination due to their disability, cultural practices and the structural power relations of the patriarchal system, in addition to the male dominated culture in DPOs. However, empowerment is not obtainable through education alone. Nor is education a guarantee of empowerment. Empowerment and achievement of independent living cut across and are informed by the wider spectrum of cultural, social and environmental forces.

This study stands as a small contribution in the analysis and understanding of the totality of cultural, social and environmental obstacles which disabled women face in negotiating their way through life. As the disabled women leaders interviewed during the course of this research study repeatedly testified, access to education can often be an important first step towards personal independence and shaped their path to leadership. Without it they believed their chances of achieving economic security, participation and the opportunity to exercise leadership in the wider society to be severely restricted.

6.3.3. Transforming mainstream women's movements to become inclusive

Currently, disability issues are given little attention by mainstream research organisations. In order to transform past practice, the government, academic institutions and international development agencies in collaboration with organisations of disabled people need to establish and strengthen a compelling research agenda in disability-related programmes. This in turn requires training in the methodologies appropriate for disability research and encouragement of the efforts of disabled researchers.

Women in their common work should not forget that they are women in the first place. The great challenge for them is to work with other women with and without disabilities in order to change society, so that both women and men have equal access to resources and have the same rights, obligations and opportunities in all essential spheres of life.

Other related studies found that a large number of visually impaired women earn their living through street begging. This way of life dehumanises them. Women leaders should double their efforts to lobby with mainstream women's organisations in Zimbabwe to make their voices heard and their demands and needs known, so that they are included in the activities of such organisations. Disabled women's experiences are necessary if society is to be adapted to meet everyone's needs. Disabled women must join forces with other women in an organised manner, so that they can fight for equal opportunities together. Women's issues break established patterns. That is why women need to be able to co-operate, whether they have a disability or not.

Up until now, mainstream women's organisations in general have not been very interested in disabled women's issues. Within the disability movement in each respective country, however, disabled women can play an avant-garde role, and based on their gender perspective, disabled women can co-operate across organisational borders. They can be pioneers in taking the initiative in women's solidarity co-operation through inviting women from other disability organisations to participate in common actions. What ties them together, in the first place, is the fact that they are women, not the fact that they have disabilities.

6.4 Study recommendations

In this section, I first set out recommendations to the eight participants in this study and secondly for the eight participants to consider in their ongoing struggle for recognition at various societal levels. Readers may find it useful to apply the recommendations in this small study in Zimbabwe, to their own situations.

6.4.1. For disabled women to consider

Disabled women leaders need to take a lead in sensitising the public to recognise that disabled women are uniquely valuable individuals and that they should have freedom to pursue various community activities and take an equal place in society. More fundamentally, they should fight for representation at different decision-making

levels (parliament and at local government level in particular) where important decisions for civil society are discussed and made into legislation.

Through this, they would assert their fundamental human rights. This is to say that disabled women leaders need to pressure the government to incorporate them in designing programmes and making decisions that affect their lives through calls for more vibrant campaigns with disabled women leaders at the forefront and centre of the design and execution. They need not accept being represented by others, including disabled men, in matters of their own concern. Rather they need to be in the frontline in making sure their needs are taken on board in various development programmes. They should make efforts to lobby with financial bodies and development agencies, to ensure that disabled women have access to soft loans for the establishment of income generating activities.

6.4.2. For the DPOs to consider

Gender equality in DPOs is a non-negotiable. All men in DPO leadership structures need to be engaged in a series of ongoing dialogues to firstly understand and secondly to unlearn the patriarchal practices that undermine gender equality in the private and public spheres. Once-off gender analysis training for disabled women and for disabled men is not sufficient. Programmatic interventions need to be designed to track behavioural changes in the DPO from amongst women and men in the way the DPO is led and managed. Training in gender analysis must be a standard part of the training for all DPO membership and their family members.

Gender dialogues should be designed and facilitated with a sound appreciation and in-depth understanding of the cultural and social complexity of confronting oppressive gender power relations.

DPOs in Zimbabwe need to consider what they need to do more or to do differently to capture the attention and the imagination of their government and disabled people to move it toward signing the CRPD and its optional protocol.

6.4.3 For government to consider

The government of Zimbabwe needs to be asked to account to the disability movement why it has not to date ratified the CRPD, seven years after the adoption by the UN General Assembly in December 2006. This constitutes a major failing of the government and results in the denial of the basic human rights of disabled women in particular.

The state needs to ready itself for the full implementation of the CRPD and to develop a realistic implementation plan in partnership with the disability movement and with an equal representation of disabled women in the delegations advanced by DPOs in the country.

It is in the interest of building a vibrant democracy that the state invests in enhancing active citizenship. Disabled women must be empowered to engage the state constructively.

6.4.4 For donor agencies to consider

Donor agencies that have been active in Zimbabwe since independence in 1980 have a moral and political obligation to continue to re-invest in the rebuilding of the country. All current donors active in the country need to realign their collective intervention with a human rights agenda that puts gender equality centrally in all its programme areas. Donor agencies have the capacity to position itself as a bridge between government and civil society to transform society and empower all women. Donor agencies have a strategic advantage in relation to DPOs partners and can use this advantage to persuade DPOs to actively implement the 50/50 gender quota in all leadership structures.

6.4.5 For the women's movement to consider

The women's movement legitimacy and credibility is at stake if it continues to exclude disabled women. The women's movement is required to transform itself by reaching out to disabled women and disabled feminists to strategise on an informed inclusive

agenda. The women's movement can redeem itself from years of neglect and exclusion of disabled women, by advancing progressive inclusive policy and legislative positions.

6.4.6 For Business/Private Sector social responsibility initiatives to consider

The private sector in Zimbabwe has a central role to play in the reconstruction of the country. Initial economic indicators shows early signs of economic upturn and this is indeed welcome news for all Zimbabweans. The social responsibility portfolios in the private sector needs to consolidate its corporate social investment to favour anti-poverty programmes targeting disabled women in particular and women in general.

6.5 Thesis Conclusion

In this study, human rights provided the centre point of my theoretical framework to locate the experiences of disabled women in their given context of Zimbabwean DPOs. I argued that the linkages of a human rights perspective, with that of gender and disability makes for a compelling cocktail of dimensions of oppression and discrimination as experienced by all the participants in this study. The struggle of each of these disabled women to assert their leadership as legitimate agents of change demonstrated the centrality of their fundamental human rights. These rights are enshrined in the CRPD, CEDAW and a variety of other relevant universal United Nations declarations. The struggle for gender equality lies at the heart the experiences of all participants. The leadership experiences of disabled women in this study point to discrimination and exclusion that they often experience within the disability movement, in the home and from within the women's movement.

In summation, the human right of the eight disabled women respondents in this study in particular and disabled women in Zimbabwe are still not yet realised as espoused in the CRPD.

Human rights reflect a determined effort to protect the dignity of each and every human being against abuse of power through fundamental rights. The spiritual source of this endeavour lies in the crucial belief that the protection of universal human dignity is a responsibility of society at all its layers and levels (Fortman, 2011 p 5).

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APPENDICES

Appendix A Information Letter

Dear (Name)

You are invited to participate in a study that I, Shanaaz Majiet am conducting for a Masters in Philosophy: Disability Studies Degree at the University of Cape Town.

Research Title

The experiences of disabled women leaders within Disabled People's Organisations in Zimbabwe'

Purpose of the Study

The purpose of the study is to find out as much as I can about the opportunities that women with disabilities have to participate in leadership within the disability movement in Zimbabwe. The study seeks to understand if women with disabilities are actively involved as leaders within Disabled People's Organisations (DPOs) and if they are able to retain such positions. However, if they are not involved in leadership I want to know what barriers and challenges exclude them from leadership. The study will attempt to do this through indepth narrative analysis of the experiences of eight disabled women by considering the gendered nature of their stories.

I intend using the findings of the research as an advocacy tool to strengthen of the case for active inclusion of women with disabilities in DPO leadership as well as compile a book on women's leadership.

Note that

I have identified you as a possible participant to this research project because of the leadership position you occupy in your DPO. Other participants to the study will be in similar positions to you from different DPOs in Zimbabwe.

Your participation is voluntary and I would appreciate your participation and contribution. Should you agree to be interviewed, you may still decide to withdraw from the study at any time if you so wish, without any negative consequences. All

information you provide will be regarded as confidential and the study has no known risks, other than potentially evoking some level of distress in telling your story. In the event that participants become distressed during the interview process, they will be referred to a free local professional and confidential support service, arranged as part of the study.

A possible benefit to participate in this study is the opportunity for you to tell your story. There will be no payment involved for your participation in this study. The interview will be conducted at a suitable time and venue of your choice.

The research methodology that will be used will involve semi structured individual interviews with women with different kinds of disabilities. The estimated duration of the interview will be for two hours and participants will be required to attend one interview. I might request a follow-up shorter (thirty to forty-five minute) interview with a participant in the event of additional information required.

The interview conversation will be guided by questions focusing on your experiences of accessing and retaining leadership in your DPO. Also looking at any challenges you experience to your leadership in the DPO and the strategies you used to overcome these challenges will be discussed. Some specific types of questions are listed below to assist you in make an informed decision about whether to participate in the study.

1. Tell your life story.
2. Describe how you became a leader.
3. What challenges did (are) you experience as a leader?
4. Describe what informs or shapes your identity as a woman?
5. How does society perceive you?

The interview information will sorted in such a way as to protect the identity of each participant by using pseudo names and no direct reference will be made to the participant's respective DPO. Only I will have knowledge of the true identities.

Ethical approval for this study has been granted by the University of Cape Town, Faculty of Health Sciences Human Research Ethics Committee (HREC REF to be inserted).

Please feel free to contact me and I will clarify any questions you may have. You may also contact the persons listed below should you need any further information.

I very much look forward to speaking with you and thank you in advance for your assistance in this study.

Yours sincerely,

Shanaaz Majiet
Tel: 27 21 6969216
Fax: 27 21 6969216
Cell: 27 72 5961503
Email: shanaaz.majiet@smscconsulting.co.za

Ms A. Africa
Lecturer
African Gender Institute
UCT
Tel: 650-2971
Email: Adelene.Africa@uct.ac.za

Associate Professor Theresa Lorenzo:
Disability Studies Postgraduate Programme
Department of Health & Rehabilitation Sciences
Old Main Building, GSH, F56/30
Tel: 021 406 6326 Fax: 021 406-6323
Email: Theresa.Lorenzo@uct.ac.za

Associate Professor Marc M Blockman
Chair
Faculty of Health Sciences Human Research Ethics Committee
University of Cape Town
E52 Research Office
Old Main Building, Anzio Road
Observatory, 7925
Tel: 406-6496 Fax: 448-1989
Email: Marc.Blockman@uct.ac.za

Appendix B Consent Letter

TITLE: '*Disabled Women Must Stand Up*': Exploring The Leadership Experiences Of Disabled Women In Disabled Peoples Organisations In Zimbabwe.

CONSENT LETTER

I have received the letter regarding the study that Shanaaz Majiet plans to conduct in partial fulfilment of the Masters in Philosophy: Disability Studies Degree at the University of Cape Town, and inviting me to be a participant.

I was informed that my participation is voluntary and that I may withdraw at any time should I not wish to continue. There will not be any negative consequences of my withdrawal. I agree to participate and am aware that excerpts from the interview may be used for the purpose of research. All the information I provide will be regarded as confidential, and there is no risk associated with the study. I am also aware that the raw data (a written copy of my interview) will be kept in a safe place for a period of 1 year and destroyed thereafter. My name and any identifying information will not be made known by me, who will refer to extracts from all the participant's interviews under pseudonyms to protect peoples' identity and to ensure confidentiality. Given my standing in the disability sector I trust that I will take care that anything that might identify me with the organisation that I work with will not be included in the research report. I give permission for any information that I have shared to be published in the research report and possible journal articles or a book.

I was also informed that I am free to contact the researcher should I have a question that requires clarification or any concern arising from my interview.

With full knowledge of all foregoing, I agree freely to participate in this study.

YES NO

Participant Name: _____ (Please print)

Participant Signature: _____

Date: _____

Researcher contact details: Shanaaz Majiet
Tel: 021 6969216
Fax: 021 6969216 Cell: 0725961503
Email: shanaaz.majiet@smscconsulting.co.za
Ms A. Africa
Lecturer
African Gender Institute
UCT
Tel: 650-2971
Email: Adelene.Africa@uct.ac.za

Associate Professor Theresa Lorenzo:
Disability Studies Postgraduate Programme
Department of Health & Rehabilitation Sciences
Old Main Building, GSH, F56/30
Tel: 021 406 6326 Fax: 021 406-6323
Email: Theresa.Lorenzo@uct.ac.za

Associate Professor Marc M Blockman
Chair
Faculty of Health Sciences Human Research Ethics Committee
University of Cape Town
E52 Research Office
Old Main Building, Anzio Road
Observatory, 7925
Tel: 406-6496 Fax: 448-1989
Email: Marc.Blockman@uct.ac.za

Appendix C In-depth Interview Guide

Title: '*Disabled Women Must Stand Up*': Exploring The Leadership Experiences Of Disabled Women In Disabled Peoples Organisations In Zimbabwe.

Purpose:

This interview guide will be used to direct a conversation about your organisations' experiences of working with and for disabled women, In particular, the interview will focus on their current representation in leadership positions and the representation, and participation of disabled women within the 11 Disabled Peoples Organisations in Zimbabwe that are currently members of the Federation of Organisations of Persons with Disabilities in Zimbabwe (FODPZ) and FODPZ itself. Conversation with a number of DPO leaders will be guided by some broad guidelines, focusing on their experiences of accessing and retaining leadership in their organisation. Any challenges disabled women experience to their leadership in DPOs and the strategies they employ to overcome these challenges will be discussed.

1. Tell your life story.
2. Describe how you became a leader.
3. What challenges did (are) you experience as a leader?
4. Describe what informs or shapes your identity as a woman?
5. How does society perceive you?
6. How do you deal with these challenges?
7. What barriers if any do women leaders face in Zimbabwe?
8. Describe your leadership achievements and successes.
9. What leadership lessons have you learnt?
10. What role did education play in your emergence as a leader?
11. How has your growth as a leader been supported, enabled by the DPOs you are involved with? (Have you developed as a leader because of it or in spite of the DPO?)
12. There's a critique that many women in DPOs are 'window dressers' and elected by men, by whom they are controlled and thus undermining the real advancement of gender equality in DPOs in Zimbabwe. What's your perspective on this view?

13. Is this a widely held view in Southern African DPOs?
14. How did you win the respect, support and legitimacy of fellow disabled women in DPOs?
15. In your experience how does culture and tradition impact on disabled women emerging as leaders in DPOs in Zimbabwe?
16. What does it require/take for a disabled woman in Zimbabwe to emerge as a leader as compared to a disabled man?
17. What role does patriarchy play in lives of disabled women? How have you or are you dealing with patriarchy in DPOs?
18. How do you understand and deal with power as a leader?
19. What advice would you give to disabled women on how to become a leader?
20. Any other comments or questions you might like to offer?
21. The SAFOD policy stipulates 50/50 equal gender representation. How is this implemented in your organisation?
22. List any special structures that are available to women?
23. How effective are these structures in preparing and supporting women for leadership positions?
24. How do you think gender equity can be achieved?
25. Does your organisation need to make any changes in achieving gender equality?
26. Who will provide the support if needed?
27. Do you have any questions you would like to ask?
28. Any comments in conclusion?

I can be contacted on shanaaz.majiet@smscconsulting.co.za if you want to send other info/responses etc.

Thank you for your time and insight shared.

Appendix D Women from DPOs to be Interviewed

Interview Schedule For Masters Research

November 2011

ORGANISATION	INTERVIEWEE & VENUE
Women Networks	Harare @ ZWRCN,
ESF (Epilepsy Support Foundation)	No 43 Davies St, Hre
ZIMNAD (Zimbabwe National Association of the Deaf)	Room 27 & 28, No 31 ,Hre
ZPHCA (Zimbabwe Parents of Handicapped Children Association)	ZPHCA HQ offices
ZWIDE (Zimbabwe Women in Development)	
ZIMAS (Zimbabwe Albino Association)	SAFOD Offices
NCDPZ (National Council of Disabled Persons of Zimbabwe)	SAFOD Offices
ZDSA (Zimbabwe Down Syndrome Association)	SAFOD Offices
MDAZ (Mascular Dystrophy Association of Zimbabwe)	MDAZ Offices
QUAPAZ (Quadriplegics and Paraplegics Association of Zimbabwe)	No 24 Cawston Rd ,Northend, Byo
ASSOD (Association of the Deaf)	SAFOD Offices
ZAVH (Zimbabwe Association of the Visually Handicapped)	Rio Hotel, Byo

Appendix E DIWA/SAFOD Women's Support Programme

Research Workshop - Register

YWCA Conference Centre – Bulawayo, 30 November 2011

No.	Position	Organisation
1	National Coordinator of EPI Women	ESF
2	Coordinator Bulawayo Branch	ESF
3	National Officer	ZIMAS
4	Secretary	ZIMAS
5	Chairperson	MDAZ
6	Member	MDAZ
7	Vice Secretary	ZDAS
8	National Coordinator	ZDSA
9	Vice Chairperson	QUAPAZ
10	Assistant	QUAPAZ
11	Secretary	QUAPAZ
12	Secretary of Women's Committee	ZAVH
13	Assistant to Mrs Vungana	ZAVH
14	Member	ZAVH
15	Assistant to Mrs Mhaka	ZAVH
16	Information Officer	ZPHCA
17	Gender and Women Coordinator	ZPHCA
18	Vice Chairperson	ASSOD
19	Committee Member	ASSOD
20	Vice Chair Women's Committee	ZIMNAD
21	Sign Language Interpreter	
22	Vice Chairperson	ZIMNAD
23	Vice President + Women's Wing Chairperson	NCDPZ
24	Women's Coordinator	NCDPZ
25	National Secretary	ZWIDE
26	Branch Secretary Volunteer	ZWIDE
27	Sign language interpreter	ASSOD
28	FODPZ Women's Coordinator	FODPZ
29	DIWA Coordinator	DIWA
30	Consultant	SMSC Consulting
31	Assistant to Mrs Shava	MDAZ